

Requirements For Provider Type 02 – Ambulatory Surgical Center

Specialty Types

Please indicate for your Specialty and Code:

- Specialty 020 – Ambulatory Surgical Center

Provider Eligibility Program (PEPs)

Please indicate the following PEP:

- Fee-for-Service

Additional Required Documents For Provider Type 02

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs to enroll your facility as a provider:

- Provider Enrollment Application
- **You MUST complete the Provider Disclosure/Ownership or Control interest form. This form can be found on the enrollment website or by following this link:**
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/form/p_011861.pdf
- Signed Outpatient Provider Agreement
- Copy of tax document generated by the Federal IRS that shows both name and tax ID of entity applying for enrollment.
- Department of Health License
- "Ownership or Control Interest" Form

Submittal Address

After completion of all enrollment documents, send the complete package to:

Department Of Public Welfare
Provider Enrollment Unit
P.O. Box 8045
Harrisburg, PA 17105-8045