

## Requirements For Provider Type 18 - Optometrist

### Specialty Code

Please indicate the following specialty and code below:

180 - Optometrist

### Provider Eligibility Program (PEPs)

Please indicate the following PEP:

- Fee-For-Service

### Additional Required Documents for Provider Type 18:

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

- Completed Individual Application.
- Copy of Social Security card or W-2. W-9s are NOT accepted. (Any tax document generated by the Federal IRS that shows both the name and SSN of the individual applying for enrollment will be accepted).
- If the Social Security card states "Valid for work only with INS authorization", please submit the paperwork generated by the INS or Department of Homeland Security that shows proof of authorization to work in the United States.
- Copy of license and any other applicable documents.
- Copy of the **NPPES Confirmation letter** that shows the NPI Number and Taxonomy(s) assigned to the individual applying for enrollment.
- Proof of home state Medicaid participation (out of state providers)

Submit the application and supporting documents to:

**DHS Provider Enrollment**  
**PO Box 8045**  
**Harrisburg, PA 17105-8045**  
**- or -**  
**Fax: (717) 265-8284**  
**- or -**  
**Email: [RA-ProvApp@pa.gov](mailto:RA-ProvApp@pa.gov)**