



## PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

## (Louisiana Medicaid Program)

# Optometrist (Group)

(Enrollment packet is subject to change without notice.)

### **Optometrist – Group** REQUIRED DOCUMENTS FOR ENROLLMENT

The following checklist shows all required documents that MUST be submitted to enroll with Fee- For -Service (FFS) Louisiana Medicaid. Please make certain to complete each required form in its entirety to avoid processing delays.

\* Form is included in the Basic Enrollment Packet for Entities/Businesses.

**\*\*** Form is included in this packet.

Completed	Document Name
*	1. Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. PE-50 Addendum – Provider Agreement Forms (three pages).
*	3. Medicaid Direct Deposit (EFT) Authorization Agreement Form.
*	4. Louisiana Medicaid Ownership Disclosure Information Forms.
*	5. <b>(If submitting claims electronically)</b> Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form <b>And</b> Power of Attorney Form (if applicable).
	<ol> <li>Copy of voided check or letter from the bank on bank letterhead verifying the account and routing number for the account to which you wish to have your funds electronically deposited (deposit slips are not accepted).</li> </ol>
	<ol> <li>Copy of a pre-printed document received from the IRS showing both the employer identification number (EIN) and the official name as recorded on IRS records (W-9 forms are not accepted).</li> </ol>
	8. To report "Specialty" for this provider type on Section A of the PE-50, please use 70 (group).
**	9. Link/Unlink and Working Relationship Form for all currently-enrolled professional individuals to be linked to this group.
	10. If the professional individuals being linked to this group are not currently enrolled in Louisiana Medicaid, then a full individual enrollment application is required for those individuals.

Original Signatures Required – Please Do NOT Use Black Ink

Please submit all required documentation to: Gainwell Provider Enrollment Unit PO Box 80159 Baton Rouge, LA 70898-0159 225-216-6370

### Louisiana Medicaid Group Link/Unlink and Working Relationship Form

#### **PURPOSE**

This form is used when an individual provider is requesting to be linked to a Professional Group or Entity. The form permits Linkage/Unlinkage for two separate professional groups. When linking to a group, the estimated number of hours is required. The form also serves as documentation that a working relationship exists between an individual and a professional group. For this form to be valid, an **ORIGINAL SIGNATURE AND DATE ARE REQUIRED.** 

Individual Provider					
Name:					
Individual Provider	LA Medicaid Provider #		National Provider Identifier (NPI)		
Number:					
Professional Group					
Name:					
Professional Group	LA Medicaid Provider #		National Provider	Identifier (NPI)	
Provider Number:					
LINK	Effective Date		UNLINK	Termination Date	
Approximate Number of Hours	Norking at this			·	
Entity Per Week (required)					
Professional Group					
Name:					
Professional Group	LA Medicaid Provider #		National Provider	Identifier (NRI)	
Provider Number:					
			UNLINK		
LINK	Effective Date:		UNLINK	Termination Date:	
Approximate Number of Hours \	Norking at this				
Entity Per Week (required)					
Contact Person for questions regarding this form:					
Contact Person Phone Number:					

#### WORKING RELATIONSHIP AGREEMENT

I am a medical professional who has a written contractual agreement to see patients for the above named professional group(s). I have recorded the approximate number of hours to be worked at each group per week in the space(s) provided above. (I understand that upon request I must provide LDH a copy of the written contractual agreement.)

Date

Print Individual Provider's Nam	Individual Provider's Signature		
_	Original Signatures Required – Please Do NOT Use Black Ink		
	Please submit all required documentation to Gainwell Provider Enrollment Unit		

PO Box 80159 Baton Rouge, LA 70898-0159

225-216-6370