



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

**Prescriber Only - Pharmacist**

(Enrollment packet is subject to change without notice.)

# GENERAL INFORMATION FOR PRESCRIBER-ONLY

**Note:**

The Basic Provider Enrollment Packet for Individuals is not required for assignment of a prescriber-only provider number.

The attached form is used to issue a provider number to Pharmacists who are authorized and certified (through their professional governing Board) to administer Immunizations and other LDH approved pharmacy claims where the pharmacist is allowed to be the prescribing provider to Louisiana Medicaid beneficiaries.

This prescriber-only provider number, issued from this form, does not allow the provider to be reimbursed for any medical services rendered to Louisiana Medicaid beneficiaries.

## INSTRUCTIONS:

Pharmacists are required to submit the following, active and up to date information, along with the attached Enrollment form:

- Pharmacist license
- Verification of successful completion of Pharmacy-Based Immunization Delivery training program

**\*\*The attached form must be completed in its entirety.**

**\*\*A National Provider Identifier (NPI) is required to complete the registration process.**

The provider will be notified when the registration process is complete via a phone call from Gainwell Provider Enrollment.

Completed forms may be faxed to the Gainwell Provider Enrollment Unit at 225-216-6392 or mailed to:

P. O. Box 80159  
Baton Rouge, LA 70898-0159

If you wish to send mail using a postal carrier other than the United States Postal Service, please call the Gainwell Provider Enrollment Unit (225-216-6370) to make arrangements to mail to a physical street address.

**Provider Enrollment Form – Prescriber-Only Provider Number**  
**All Fields Are Required. Incomplete Forms Will Be Returned for Completion.**

Individual Provider Name:			
National Provider Identifier:			
Provider Street Address:			
Provider City:			
Provider State:		Provider Zip:	
Provider Phone Number:		Provider Fax Number:	
		Provider Email:	
Social Security Number:			
Date of Birth:			
Requested Effective Date:			
Professional License Number: <b>(attach copy of license and verification of immunization training)</b>			
Provider Signature:		Date of Signature:	
<b>Everything Below This Line Is For Internal Use Only</b>			
Sanction Databases Checked:    SAM            LIEI/OIG            NPPES            State Exclusion Database			
Checked By:		Date Checked:	
Requesting Pharmacy Name:		Requesting Pharmacy Provider Number:	
Requesting Pharmacy Contact Person:		Requesting Pharmacy Phone Number:	
Beneficiary Name:		Beneficiary Number:	
<b>For Files Maintenance</b>			
Provider Number:			
Closure Date:		Cancel Code:	
Provider Type: <b>33</b>		Presc Only:	
Specialty: <b>92</b>		Parish Code:	
Cat of Service: <b>31</b>		Enroll Stat: <b>0</b>	
Claim Type: <b>0</b>		PPI:	
PE Rep Signature:		PE Rep Signature Date:	

**FAX Completed Forms To: Gainwell Provider Enrollment Unit (225)216-6392. Phone#: (225) 216-6370**