



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

Optical Supplier

(Enrollment Packet is subject to change without notice.)

Optical Supplier

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**.

| Completed | Document Name |
|-----------|---|
| * | 1. Entity/Business Louisiana Medicaid PE-50 Enrollment Form |
| * | 2. PE-50 Addendum – Provider Agreement Forms (three pages). |
| * | 3. Louisiana Medicaid Ownership Disclosure Information Forms. |
| * | 4. Medicaid Direct Deposit (EFT) Authorization Agreement Form. |
| * | 5. (If submitting claims electronically) Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form and Power of Attorney Form (if applicable). |
| | 6. 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) . |
| | 7. Copy of printed document received from IRS showing Employer Identification Number (EIN) and official name as recorded on IRS records. W-9 forms are not accepted. |

For medical device manufacturers contracting with an Optical Supplier and will not bill Medicaid:

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|---|---|
| * | 8. Use Subspecialty code ZZ on Section A of the PE-50 form. |
|---|---|

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