



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

**Licensed Midwife (Individual)**

**(Enrollment packet is subject to change without notice.)**

# Licensed Midwife

## 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 Individuals**.

\*\*Forms are included **here**.

Completed	Document Name
*	1. Individual 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 for individual.
*	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).
	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 <b>(deposit slips are not accepted)</b> .
	7. 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 <b>(W-9 forms are not accepted)</b> .
	8. Copy of current medical license from governing license board (Louisiana State Board of Medical Examiners) of your profession.
	9. Copy of the certification from the North American Registry of Midwives (NARM).
**	10. Licensed Midwife PE-50 Supplement Form.
	11. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 6W (Licensed Midwife).

**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**

## Licensed Midwife PE-50 Supplement Form

When practicing and billing Louisiana's **Medicaid Program** for my services, I hereby agree to comply with Title 46 Professional and Occupational Standards Part XLV. Medical Professions; Subpart 3. Practice; Chapter 53. Licensed Midwives Subchapter A. Standards of Practice §5311-5321.

\_\_\_\_\_  
Individual Provider's Signature

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Individual Provider

**Original Signatures Required – Please Do NOT Use Black Ink**

Please submit all required documentation to:

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**PO Box 80159**

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