



Provider Enrollment Change Request for Provider Type 24 (Personal Care Services)

This form is used to change the Specialty of a currently enrolled Personal Care Service Provider.

Please check off the appropriate Specialty and complete all applicable information as indicated below.

Return to:
Gainwell Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898-0159

Provider Number:	LA Medicaid Provider #	National Provider Identifier (NPI)
Provider Name:		
Physical Address:		
Contact Person for questions regarding this form:		
Contact Person Phone Number:	() -	

Provider Specialty to add
To provide only LT-PCS select the following code: <input type="checkbox"/> 5A
To provide only EPSDT-PCS select the following code: <input type="checkbox"/> 5B
To provide both LT-PCS <u>and</u> EPSDT-PCS select the following code: <input type="checkbox"/> 5D

Print Authorized Representative's Name

Signature of Authorized Representative

Date of Signature

Complete this form in its entirety. Original signature required – blue ink only