



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

**Art Therapy (for OCDD)
(Individual Only)**

(Enrollment packet is subject to change without notice.)

Art Therapy

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**.

| 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. |
| | 5. Attach copy of a 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). |
| | 6. 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). |
| | 7. Attach a printout/certificate for one of the following certifications from the Art Therapy Credentials Board: <ul style="list-style-type: none"> • Registered Art Therapist • Board Certified Art Therapy • Provisional Registered Art Therapist • Art Therapy Certified Supervisor <p>NOTE: The certification MUST be current (not expired) AND MUST match the provider’s name listed on the PE-50 Provider Enrollment Form.</p> |
| | 8. Enter the ‘Provider Type’ code “PT AP” (Art Therapy), for this enrolling provider, on Section A of the PE-50. |
| | 9. Enter the ‘Specialty’ code “7T”(Art Therapy), for this enrolling provider, 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