



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

Hippotherapy for OCDD (Individual Only)

(Enrollment packet is subject to change without notice.)

Hippotherapy

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 Form.
	5. 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).
	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. Printout/certificate of one of the following certifications from the American Hippotherapy Certification Board: <ul style="list-style-type: none">- AHCB Hippotherapy Certified or- Hippotherapy Clinical Specialist <p>NOTE: The certification must be current (not expired) and match the provider’s name on the PE-50 Provider Enrollment form.</p>
	8. Printout/license of one of the following: <ul style="list-style-type: none">- Physical Therapist from the Louisiana State Board of Physical Therapist Examiners,- Occupational Therapist from the Louisiana State Board of Medical Examiners, or- Speech Therapist from the Louisiana Board of Examiners for Speech-Language Pathology and Audiology <p>NOTE: The license must be current (not expired) and match the provider’s name on the PE-50 Provider Enrollment form.</p>
	9. To report “Specialty” for this provider type on Section A of the PE-50, please use Code 7Z (Hippotherapy) .

Original Signatures Required – Please Do NOT Use Black Ink

<p>Please submit all required documentation to:</p> <p>Gainwell Provider Enrollment Unit</p> <p>PO Box 80159</p> <p>Baton Rouge, LA 70898-0159</p> <p>225-216-6370</p>
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