



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

Therapeutic Horseback Riding Therapy for OCDD (Individual Only)

(Enrollment packet is subject to change without notice.)

Therapeutic Horseback Riding Therapy (Individual Only)

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 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. Printout/Certificate for one of the following certifications from the Professional Association of Therapeutic Horsemanship (PATH) International: <ul style="list-style-type: none">- Equine Specialist in Mental Health and Learning,- Certified Therapeutic Riding Instructor,- Advanced Riding Instructor, or- Master Riding Instructor. <p>The certification must be current (not expired) and match the provider's name on the PE-50 Provider Enrollment form.</p> |
| | 8. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 7Y (Therapeutic Horseback Riding Therapy). |

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