



## 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: DSC Technology 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:	(		)			-													
										1									
Provider Specialty to add																			
To provide only LT-PCS select the fo ☐ 5A	llow	ing	cod	le:															
To provide only EPSDT-PCS select the following code: ☐ 5B																			
To provide both LT-PCS and EPSDT-  ☐ 5D	PCS	sel	ect	the f	iollo	winç	g code	:											
									,										
Print Authorized Representative's Nar	ne			Si	gnat	ture	of Autl	hc	orize	d Re <sub>l</sub>	prese	entati	ve		Date	of Sig	gnatu	re	

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