Prescriber-Only Enrollment Form

(Louisiana Medicaid Program)

(Form is subject to change without notice)

PT 33
Revised 11/2020

GENERAL INFORMATION FOR PRESCRIBER-ONLY

Note:
The Basic Provider Enrollment Packet for Individuals is not required for assignment of a prescriber-only provider number.

The attached form is used to issue a provider number to Pharmacists who are authorized and certified (through their professional governing Board) to administer Immunizations, to Louisiana Medicaid recipients.

This prescriber-only provider number, issued from this form, does not allow the provider to be reimbursed for any medical services rendered to Louisiana Medicaid recipients.

INSTRUCTIONS:

Pharmacists are required to submit the following, active and up to date information, along with the attached Enrollment form:

- **Pharmacist license**
- **Verification of successful completion of Pharmacy-Based Immunization Delivery training program**

****The attached form must be completed in its entirety.**

****A National Provider Identifier (NPI) is required to complete the registration process**

The provider will be notified when the registration process is complete via a phone call from Gainwell Provider Enrollment.

Completed forms may be <u>faxed</u> to the Gainwell Provider Enrollment Unit at 225-216-6392 or <u>mailed</u> to:

P. O. Box 80159
Baton Rouge, LA 70898-0159

If you wish to send mail using a postal carrier other than the United States Postal Service, please call the Gainwell Provider Enrollment Unit to make arrangements to mail to a physical street address.
225-216-6370

Provider Enrollment Form – Prescriber-Only Provider Number
All Fields Are Required
Incomplete Forms Will Be Returned For Completion

Individual Provider Name:										
National Provider Identifier:										
Provider Street Address:										
Provider City:										
Provider State:						Provider Zip:				
Provider Phone Number:	( ) -					Provider Fax Number: ( ) -				
						Provider Email:				
Social Security Number:										
Date of Birth:										
Requested Effective Date:										
Professional License Number: **(attach copy of license and verification of immunization training)**										
Provider Signature:						Date of Signature:				

Everything Below This Line Is For Internal Use Only

Sanction Databases Checked:	☐ SAM Δ LIEI/OIG Δ NPPES Δ State Exclusion Database	
	Checked By:	Date Checked:
Requesting Pharmacy Name		Requesting Pharmacy Provider Number
Requesting Pharmacy Contact Person		Requesting Pharmacy Phone Number
Recipient Name		Recipient Number

For Files Maintenance

Provider Number:								

Closure Date:	Cancel Code:
Provider Type: **33**	Presc Only:
Specialty: **92**	Parish Code:
Cat of Service: **31**	Enroll Stat: **0**
Claim Type: **0**	PPI:

PE Rep Signature:	PE Rep Signature Date:

FAX Completed Forms To: Gainwell Provider Enrollment Unit (225) 216-6392. Phone#: (225) 216-6370 Revised

01/2018