



**ENROLLMENT PACKET FOR
THE LOUISIANA MEDICAL
ASSISTANCE PROGRAM
(Louisiana Medicaid Program)**

Optical Supplier

(Enrollment Packet is subject to change without notice)

Optical Supplier

CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Gainwell Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as an Optical Supplier provider:

Completed	Document Name
<input type="checkbox"/> *	1. Completed Louisiana Medicaid PE-50 Enrollment Form* (Read instructions carefully before completing this form)
*	2. Completed PE-50 Addendum – Provider Agreement*
	3. Copy of printed document received from IRS showing Employer Identification Number (EIN) and official name as recorded on IRS records. - W-9 forms are not accepted
*	4. Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business.
*	5. Completed Medicaid Direct Deposit (EFT) Authorization Agreement*
	6. Copy of Voided Check – for account to which you wish to have your funds electronically deposited. Deposit slips are not accepted
*	7. (If submitting claims electronically) Completed Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form and Power of Attorney Form (if applicable).
For medical device manufacturers contracting with an Optical Supplier and will not bill Medicaid:	
*	8. Use Subspecialty code 2Z on Section A of the PE-50 form.

* Forms are included in the Basic Enrollment Packet

PLEASE USE THIS CHECKLIST TO ENSURE THAT ALL REQUIRED ITEMS ARE SUBMITTED WITH YOUR APPLICATION FOR ENROLLMENT.

FORMS MUST BE SUBMITTED AS ORIGINALS WITH ORIGINAL SIGNATURES (NO STAMPED SIGNATURES OR INITIALS) – DO NOT SUBMIT COPIES OF THE ATTACHED FORMS.

Please submit all required documentation to:
Gainwell Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898-0159