



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

FOR THE LOUISIANA MEDICAL ASSISTANCE PROGRAM

(Louisiana Medicaid Fee-For-Service Program)

Art Therapy (for OCDD)

(Individual Only)

(Enrollment packet is subject to change without notice)

Art Therapy

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 Art Therapy (Individual) provider:

Completed	Document Name
<input type="checkbox"/> *	1. Completed Louisiana Medicaid PE-50 Provider Enrollment Form, for Individuals.
<input type="checkbox"/> *	2. Completed PE-50 Provider Agreement Addendum Form, for Individuals.
<input type="checkbox"/> *	3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form.
<input type="checkbox"/> *	4. Completed Louisiana Medicaid Ownership Disclosure Information Forms, for Individuals.
<input type="checkbox"/>	5. Attach 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).
<input type="checkbox"/>	6. Attach a 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).
<input type="checkbox"/>	7. Attach a printout/certificate for one of the following certifications from the Art Therapy Credentials Board: <ul style="list-style-type: none"> •Registered Art Therapist •Board Certified Art Therapy •Provisional Registered Art Therapist •Art Therapy Certified Supervisor NOTE: The certification MUST be current (not expired) AND MUST match the provider's name listed on the PE-50 Provider Enrollment Form
<input type="checkbox"/>	8. Enter the 'Provider Type' code "PT AP" (Art Therapy), for this enrolling provider, on Section A of the PE-50.
<input type="checkbox"/>	9. Enter the 'Specialty' code "7T"(Art Therapy), for this enrolling provider, on Section A of the PE-50 Form.

* These forms are available in the **Basic Enrollment Packet for Individuals**

** Forms included here.

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

ATTACHED FORMS MUST BE SUBMITTED AS ORIGINALS WITH ORIGINAL SIGNATURES (NO STAMPED SIGNATURES OR INITIALS)

Please submit all required documentation to:

**Gainwell Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898-0159**