



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

**Hippotherapy for OCDD  
(Individual Only)**

(Enrollment packet is subject to change without notice)

# Hippotherapy

## CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the DXC Technology Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as an Individual Hippotherapy provider:

Completed	Document Name
<input type="checkbox"/> *	1. Individual Louisiana Medicaid PE-50 Provider Enrollment Form.
<input type="checkbox"/> *	2. Completed PE-50 Addendum – Provider Agreement Form (two pages).
<input type="checkbox"/> *	3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form.
<input type="checkbox"/> *	4. Complete the Louisiana Medicaid Ownership Disclosure Information Form for Individual.
<input type="checkbox"/>	5. Copy of 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 ( <b>deposit slips are not accepted</b> ).
<input type="checkbox"/>	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 ( <b>W-9 forms are not accepted</b> ).
<input type="checkbox"/>	7. Printout/certificate of one of the following certifications from the American Hippotherapy Certification Board: AHCB Hippotherapy Certified or Hippotherapy Clinical Specialist. The certification must be current (not expired) and match the provider's name on the PE-50 Provider Enrollment form.
<input type="checkbox"/>	8. Printout/license of one of the following: Physical Therapist from the Louisiana State Board of Physical Therapist Examiners, Occupational Therapist from the Louisiana State Board of Medical Examiners, or Speech Therapist from the Louisiana Board of Examiners for Speech-Language Pathology and Audiology. The license must be current (not expired) and match the provider's name on the PE-50 Provider Enrollment form.
<input type="checkbox"/> *	9. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 7Z (Hippotherapy)

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

**PLEASE 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:  
**DXC Technology Provider Enrollment Unit**  
**PO Box 80159**  
**Baton Rouge, LA 70898**