



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

FOR THE LOUISIANA MEDICAL ASSISTANCE PROGRAM

(Louisiana Medicaid Fee-For-Service Program)

Aquatic Therapy (for OCDD)

(Individual Only)

(Enrollment packet is subject to change without notice)

Aquatic 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 Aquatic 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 a copy of a voided check or a 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 the pre-printed document received from the Internal Revenue Service (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 copy of the printout/certificate of an ATRI certification from the Aquatic Therapy & Rehab Institute. NOTE: The certification MUST be current (not expired) AND MUST match the provider's name on the PE-50 Provider Enrollment Form. |
| <input type="checkbox"/> | 8. Attach a copy of a license from one of the following: <ul style="list-style-type: none"> •Physical Therapist from the Louisiana State Board of Physical Therapist Examiners •Occupational Therapist from the Louisiana State Board of Medical Examiners NOTE: The license MUST be current (not expired) AND MUST match the provider's name on the PE-50 Provider Enrollment Form. |
| <input type="checkbox"/> | 9. Enter the 'Provider Type' code "PT-WT" (Aquatic Therapy), for this enrolling provider, on Section A of the PE-50. |
| <input type="checkbox"/> | 10. Enter the 'Specialty' code "7R" (Aquatic 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**