

This packet contains information that will help guide ODP providers through the PROMISE™ Provider Enrollment Process.

Use the following links to go directly to the document you would like to view:

[PROMISE™ Provider Enrollment Base Application Instructions](#)

[ODP Provider Types and Specialty Codes](#)

[Examples of Acceptable Documentation to Verify IRS Numbers](#)

[Examples of Unacceptable Documentation to Verify IRS Numbers](#)

[PROMISE™ Provider Enrollment Packet Checklist](#)



# PROMISe™ Provider Enrollment Base Application Instructions

Print the Provider Enrollment Base Application from the DHS website. Use only the application on the website. This means visit the website every time before submitting an application, as changes occur frequently and **out of date applications will not be accepted.**

To download the application:

1. Navigate to <http://www.dhs.pa.gov/>
2. Click **Providers** at the top of screen
3. Click on **More**
4. Locate the **PROMISe** hyperlink and click **Enrollment Information**
5. Navigate to your Provider Type
6. Click the **Enrollment Application/Provider Agreement** hyperlink to open the document

## IMPORTANT NOTES:

- Applications must be typed or completed by hand using black ink.
- Complete ALL SPACES as required on the application with either your correct information, or N/A. If a question requires a Yes or No answer, DO NOT answer N/A.
- The application must be printed and submitted as a single-sided document.

## Specific Field Completion Instructions

| Field | Description and Completion Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.    | Enter the complete name of the individual or the facility.<br><br><b>NOTE:</b> The facility name cannot include a street address.                                                                                                                                                                                                                                                                                                                                                                        |
| 2a.   | If this is an <b>Initial Enrollment</b> check the box and select <b>Individual</b> or <b>Facility</b> . Write the MPI and service location on the right side of the box.<br><br><b>NOTE:</b> For each unique service location, a new application must be completed.                                                                                                                                                                                                                                      |
| 2b.   | If this is a <b>REVALIDATION</b> please check the box and select <b>Individual</b> or <b>Facility</b> . Write the MPI and Service location # on the right side of the box.                                                                                                                                                                                                                                                                                                                               |
| 2c.   | If you are re-activating a closed service location that was enrolled in PROMISe™ in the past, check this box and enter your nine (9) digit <b>MPI number</b> and four (4) digit <b>service location code</b> .                                                                                                                                                                                                                                                                                           |
| 2d.   | Complete this section by filling in <b>MPI</b> and <b>SLC</b> <b>ONLY</b> if adding an Individual to your group                                                                                                                                                                                                                                                                                                                                                                                          |
| 3.    | <b>IMPORTANT:</b> This cell <b>must be completed</b> for all healthcare provider types 05, 16, 17, 19, 21, or 52 (with specialties 456 or 520). Include a legible copy of the NPPES Confirmation letter that shows the NPI Number and Taxonomy(s) assigned to the health care provider applying for enrollment. Enter your ten (10) digit NPI number, and ten (10) digit taxonomy code(s). If you have more than four (4) taxonomy codes, please attach an additional sheet noting the additional codes. |

| Field | Description and Completion Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       |  <b>NOTE FOR PROVIDER TYPE 26, 51, 52 (for specialties, 521, 522, and 524), 53, 54 and 55:</b> These provider types are considered an atypical (non-healthcare) provider type; therefore, no NPI is needed.<br> <b>NOTE FOR PROVIDER TYPE 21:</b> This provider type needs to coordinate changes with the ODP Case Management lead when providing this service for the office of Developmental Programs. There are changes that <b>must</b> take place in HCSIS for claims to process correctly. |
| 4.    | Enter the requested effective date for your action request. Date must meet qualification requirements and licensing eligibility (if applicable). Leave blank for <b>REVALIDATIONS</b> .<br><br><b>NOTE:</b> If claims are submitted in PROMISe™ using a date prior to the approved Requested Effective Date, they will be denied                                                                                                                                                                                                                                                                                                                                   |
| 5.    | Enter your provider type number and description. (See chart following these online instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 6.    | Enter your specialty name and code number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 7.    | Enter another specialty here, if applicable or enter N/A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 8.    | Enter another specialty here, if applicable or enter N/A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 9.    | Enter your Social Security Number (SSN) <b>IF</b> you are enrolling as an individual.<br><br><b>NOTES:</b> <ul style="list-style-type: none"> <li>A copy of your <b>Social Security card, W-2, or document from (generated by) the IRS</b> containing your Social Security Number must accompany your application.</li> <li>If you complete this field, do not complete # 10.</li> </ul>                                                                                                                                                                                                                                                                           |
| 10.   | Enter your Federal Tax ID Number (FEIN) <b>IF</b> you are enrolling as an agency.<br><br><b>NOTES:</b> <ul style="list-style-type: none"> <li>A copy of the FEIN label or document from the IRS containing your FEIN number must accompany this application. A W-9 form will <b>not</b> be accepted.</li> <li>If you complete this field, do not complete #9.</li> </ul>                                                                                                                                                                                                                                                                                           |
| 11.   | Enter your legal name as it is filed with the IRS and as it appears on the attached IRS documentation.<br><br>It is not necessary that <b>Facility Name</b> in #1 and <b>Legal Name</b> in #11 match; <i>however</i> , the Legal Name in #11 <b>MUST</b> match the name on the IRS documentation.                                                                                                                                                                                                                                                                                                                                                                  |
| 12a.  | Indicate whether the provider participates with any PA MCOs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 12b.  | If 'Yes' is checked, please list the MCO(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 13a.  | Indicate whether the provider operates under a fictitious business or "doing business as" (d/b/a) name.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 13b.  | If applicable, enter the statement/permit number and the name.<br><br><b>NOTE:</b> Attach a legible copy of the recorded/stamped fictitious business name statement/permit from the Department of State.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 14.   | For Individuals Only: Enter your date of birth.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 15.   | For Individuals Only: Enter your gender.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 16.   | For Individuals Only: Enter the title/degree you currently hold.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| Field | Description and Completion Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17a.  | Enter your legal entity address. A post office box is not a valid legal entity address. The zip code <b>must</b> contain all nine (9) digits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 17b.  | Enter the name of the CEO, President or Owner of the organization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 17c.  | Enter the e-mail address for the contact person listed in # 17b, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 17d.  | Enter the business phone for the contact person listed in # 17b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 17e.  | Enter the toll free business phone for the contact person listed in # 17b, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 17f.  | Enter the fax number for the contact person listed in # 17b, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 18.   | Select the appropriate box for your business type. Check only one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 19.   | <p>If you are enrolling to provide a licensed service, enter your license number, issuing state, issue date, and expiration date.</p> <p><b>NOTE:</b> A copy of your license or certificate of compliance must accompany your application. Attach the page of the license that pertains to the service location.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 20.   | Enter <b>N/A</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 21.   | Answer yes or no. N/A is <b>not</b> an acceptable answer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 22.   | Enter CMS certification # if applicable <b>OR</b> enter N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 23a.  | <p>Enter a valid service location address. This address should already be entered in HCSIS and the addresses should match. Select <b>Pay-to, Mail-to</b> and/or <b>Home Office</b>, if applicable</p> <p><b>NOTES:</b></p> <ul style="list-style-type: none"> <li>• The address must be a physical location, not a post office box.</li> <li>• The zip code <b>MUST</b> contain all nine (9) digits.</li> <li>• For <b>Pay-to, Mail-to</b>, and/or <b>Home Office</b> locations different from the Service Location address entered in # 23a, complete the additional Home Office/Mail-To/Pay-To page within the application. If the <b>Pay-to, Mail-to</b> and/or <b>Home Office</b> are all the same as the Service Location address, write <b>N/A</b> on the additional page.</li> <li>• Make sure ALL questions are answered <b>Yes</b> or <b>No</b>.</li> <li>• Rural Health Clinic and questions regarding previous screenings <b>MUST</b> be answered</li> </ul> |
| 23b.  | Indicate whether you want to receive electronic bulletin notifications and provide an email address if you do.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 23c.  | Check box or write <b>N/A</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 23d.  | Enter the PROMISe™ billing contact for your organization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 23e.  | Enter the toll free business phone for the contact person listed in # 23d, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 23f.  | Enter the fax number for the contact person listed in # 23d, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 23g.  | Enter the e-mail address for the contact person listed in # 23d.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 23h.  | <p>Select whether you or your staff are able to communicate in any language other than English.</p> <p><b>NOTE:</b> American Sign Language (ASL) is considered another language.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 23i.  | List the language(s), other than English, in which you or your staff are able to communicate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 23j.  | <p>Enter the appropriate Provider Eligibility Program(s) (PEP) in which you participate.</p> <p>Follow the instructions below:</p> <ul style="list-style-type: none"> <li>• Enter Consolidated, P/FDS and ID Base for all Provider Types.</li> </ul> <p>If you do not provide waiver services, <b>enter ID Base only</b>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

|         | Description and Completion Notes                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 24.     | The individual applying for enrollment OR the representative of the facility applying for enrollment must complete ALL confidential information questions.<br><br><b>Note:</b> If you answer “Yes” to any of the questions, you must provide a detailed explanation (on a separate piece of paper) and attach it to your application                                                                                                                |
| 25.     | Sign the form and print your name, title, and date <b>(The signature should be that of the individual applying for enrollment or someone able to represent the facility applying for enrollment).</b>                                                                                                                                                                                                                                               |
| 26.     | Use this page only to add a Mail-to, Pay-to and/or Home Office address to the previously defined service location entered in # 23a.                                                                                                                                                                                                                                                                                                                 |
| Page 18 | <b>N/A</b> Does not need to be submitted                                                                                                                                                                                                                                                                                                                                                                                                            |
| Page 19 | Enter provider name                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Page 20 | Sign the Provider Agreement and print your name, title, and date <b>(The signature should be that of the individual applying for enrollment or someone able to represent the facility applying for enrollment).</b>                                                                                                                                                                                                                                 |
| 21 & 22 | These definitions are to provide clarification for the following pages. They do not need to be submitted with your application.                                                                                                                                                                                                                                                                                                                     |
| Page 23 | Both top and bottom sections must be completed. If there is more than 1 managing employee or agent, make additional copies of page 23                                                                                                                                                                                                                                                                                                               |
| 24 - 29 | <b>Section II</b> includes pages 24 through 29. Any provider who is incorporated, whether for profit or not for profit must complete pages <b>24</b> and <b>25</b> for every owner or not for profit board member. Also answer question B (page 26) through question G (page 29). If these questions are not applicable, write N/A. However, please note that questions <b>F</b> and <b>G</b> require a Y or N answer. Do <b>not</b> mark them N/A. |

#### Additional Notes:

- Review the PROMISE™ Provider Enrollment Packet Checklist before submitting your application.
- **Page 18 should be omitted** when submitting your application. It cannot be used to enroll additional service locations for our department.
- **All providers MUST sign and date Pages 16 and Page 20**, the Provider Agreement for Outpatient Providers.
- Return your application and other documentation to:

**ODP Provider Enrollment**  
**625 Forster St**  
**Room 413**  
**Health & Welfare Building**  
**Harrisburg, PA 17120**

| <b>Contact Information</b> |                                    |
|----------------------------|------------------------------------|
| <b>E-Mail Address:</b>     | <b>ra-odpproviderenroll@pa.gov</b> |
| <b>Fax Number:</b>         | <b>717-783-5141</b>                |
| <b>Phone Number:</b>       | <b>1-888-565-9435</b>              |

## ODP Provider Types and Specialty Codes

| Provider Type | Description                          | Specialty Code | Description                                        |
|---------------|--------------------------------------|----------------|----------------------------------------------------|
| 03            | Extended Care Facility               | 036            | Respite Care                                       |
| 05            | Home Health                          | 051            | Private Duty Nurse                                 |
| 16            | Nurse                                | 160            | Registered Nurse                                   |
|               |                                      | 161            | Licensed Practical Nurse                           |
| 17            | Therapist                            | 170            | Physical Therapist                                 |
|               |                                      | 171            | Occupational Therapist                             |
|               |                                      | 173            | Speech/Hearing Therapist                           |
| 19            | Psychologist                         | 208            | Behavioral Therapist Consultant                    |
| 21            | Case Management                      | 218            | MR Case Management                                 |
| 26            | Transportation                       | 267            | Non-emergency                                      |
| 43            | Homemaker Agency                     | 430            | Homemaker Agency                                   |
|               |                                      | 431            | Homemaker/Chore Services                           |
| 51            | Home & Community Habilitation        | 362            | Attendant Care / Persl Asst Serv (cnsr model agcy) |
|               |                                      | 363            | Companion Service                                  |
|               |                                      | 410            | Adult Day Services                                 |
|               |                                      | 430            | Homemaker Agency                                   |
|               |                                      | 431            | Homemaker / Chore Services                         |
|               |                                      | 508            | Behavioral Support                                 |
|               |                                      | 509            | Supports Broker Services                           |
|               |                                      | 510            | Home and Community Habilitation                    |
|               |                                      | 512            | Respite Care – Home Based                          |
|               |                                      | 513            | Respite Care – Out of Home                         |
|               |                                      | 514            | Adult Training – 2380                              |
|               |                                      | 515            | Pre-Vocational – 2390                              |
|               |                                      | 516            | Transitional Work Services                         |
|               |                                      | 517            | Visual & Mobility Therapy                          |
|               |                                      | 519            | FSS/Consumer Payment                               |
| 52            | Community Residential Rehabilitation | 456            | CRR-Adult                                          |
|               |                                      | 520            | Child Residential Services – 3800                  |
|               |                                      | 521            | Adult Residential – 6400                           |
|               |                                      | 522            | Family Living Homes – 6500                         |
|               |                                      | 524            | Unlicensed                                         |
| 53            | Employment – Competitive             | 530            | Job Finding                                        |
|               |                                      | 531            | Job Support                                        |
| 54            | Intermediate Service Organization    | 540            | ISO – Agency with Choice                           |
|               |                                      | 541            | ISO – Fiscal/Employer Agent                        |

## ODP Provider Types and Specialty Codes (Continued)

| Provider Type | Description | Specialty Code | Description                             |
|---------------|-------------|----------------|-----------------------------------------|
| 55            | Vendor      | 267            | Non-emergency                           |
|               |             | 430            | Homemaker Agency                        |
|               |             | 519            | FSS/Consumer Payment                    |
|               |             | 533            | Educational Service                     |
|               |             | 543            | Environmental Accessibility Adaptations |
|               |             | 552            | Adaptive Appliances/Equipment           |
|               |             | 553            | Habilitation Supplies                   |
|               |             | 554            | Respite, Overnight Camp                 |
|               |             | 555            | Respite, Day Camp                       |

## Examples of Acceptable Documentation to Verify IRS Numbers

The following documents are acceptable as verification of the FEIN/SSN number:

**NOTE: Only the applicable portions of the documents have been included.**

- **IRS Form CP575**

Keep this part for your records. CP 575 C (Rev. 1-1

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Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address. CP 575 C

Your Telephone Number ( ) - Best Time to Call DATE OF THIS NOTICE: 04-19-96  
EMPLOYER IDENTIFICATION NUMBER: 12-3456789  
FORM: SS-4

INTERNAL REVENUE SERVICE  
KANSAS CITY MO 64999

JOE M. SMITH  
1421 MAIN STREET  
NOWHERE, IN 41414

- **IRS Letter 147C**

Department of the Treasury  
Internal Revenue Service  
PHILADELPHIA, PA 19255

In reply refer to:  
Mar. 13, 2001 LTR 147C  
000000 00

JOE M. SMITH  
1421 MAIN STREET  
NOWHERE, IN 41414

Employer Identification Number: 12-3456789  
IRS Control Number:

- **Social Security Card**



- **Form W-2**

|                                                     |                            |                            |                                                                                                                                       |                                |                     |
|-----------------------------------------------------|----------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| a Control number                                    |                            | 22222                      |                                                                                                                                       | OMB No. 1545-0008              |                     |
| b Employer identification number (EIN)              |                            |                            | 1 Wages, tips, other compensation                                                                                                     | 2 Federal income tax withheld  |                     |
| c Employer's name, address, and ZIP code            |                            |                            | 3 Social security wages                                                                                                               | 4 Social security tax withheld |                     |
|                                                     |                            |                            | 5 Medicare wages and tips                                                                                                             | 6 Medicare tax withheld        |                     |
|                                                     |                            |                            | 7 Social security tips                                                                                                                | 8 Allocated tips               |                     |
| d Employee's social security number                 |                            |                            | 9 Advance EIC payment                                                                                                                 | 10 Dependent care benefits     |                     |
| e Employee's first name and initial Last name Suff. |                            |                            | 11 Nonqualified plans                                                                                                                 | 12a                            |                     |
|                                                     |                            |                            | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 12b                            |                     |
|                                                     |                            |                            | 14 Other                                                                                                                              | 12c                            |                     |
|                                                     |                            |                            | 12d                                                                                                                                   |                                |                     |
| f Employee's address and ZIP code                   |                            |                            |                                                                                                                                       |                                |                     |
| 15 State                                            | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax                                                                                                                   | 18 Local wages, tips, etc.     | 19 Local income tax |
|                                                     |                            |                            |                                                                                                                                       |                                | 20 Locality name    |

Form **W-2** Wage and Tax Statement **2006** Department of the Treasury—Internal Revenue Service  
Copy 1—For State, City, or Local Tax Department

- **Social Security Statement (MUST include BOTH pages 1 & 2)**

**Page 1:**

**Prevent identity theft—protect your Social Security number**

## Your Social Security Statement

Prepared especially for Wanda Worker

January 6, 2006

See inside for your personal information →

WANDA WORKER  
456 ANYWHERE AVENUE  
MAINTOWN, USA 11111-1111

**What's inside...**

- ▼ Your Estimated Benefits ..... 2
- ▼ Your Earnings Record ..... 3
- ▼ Some Facts About Social Security ..... 4
- ▼ If You Need More Information ..... 4



## Page 2:

\*Your estimated benefits are based on current law. Congress has made changes to the law in the past and can do so at any time. The law governing benefit amounts may change because, by 2041, the payroll taxes collected will be enough to pay only about 74 percent of scheduled benefits.

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We based your benefit estimates on these facts:

Your date of birth.....May 5, 1965  
Your estimated taxable earnings per year after 2005 ..... \$37,276  
Your Social Security number (only the last four digits  
are shown to help prevent identity theft) ..... XXX-XX-1234

# Examples of Unacceptable Documentation to Verify IRS Numbers

The following documents are **NOT** acceptable as verification of the IRS/SSN number:

**NOTE: Only the applicable portions of the documents have been included.**

- **Form W-4**

Print here and give Form W-4 to your employer. Keep the top part for your records.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                |  |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                                        |  | <b>Employee's Withholding Allowance Certificate</b><br>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. |  | OMB No. 1545-0074<br><b>2006</b>        |
| 1 Type or print your first name and middle initial.                                                                                                                                                                                                                                                                                                                                                                                              |  | Last name                                                                                                                                                                                                                                                      |  | 2 Your social security number           |
| Home address (number and street or rural route)                                                                                                                                                                                                                                                                                                                                                                                                  |  | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br>Note, if married, but legally separated, or spouse is a nonresident alien, check the "Single" box.                 |  |                                         |
| City or town, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                |  | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶ <input type="checkbox"/>                                                                                                  |  |                                         |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)                                                                                                                                                                                                                                                                                                                                     |  | 5                                                                                                                                                                                                                                                              |  |                                         |
| 6 Additional amount, if any, you want withheld from each paycheck                                                                                                                                                                                                                                                                                                                                                                                |  | 6 \$                                                                                                                                                                                                                                                           |  |                                         |
| 7 I claim exemption from withholding for 2006, and I certify that I meet <b>both</b> of the following conditions for exemption.<br>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no tax liability and</b><br>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no tax liability</b> .<br>If you meet both conditions, write "Exempt" here ▶ |  | 7                                                                                                                                                                                                                                                              |  |                                         |
| Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.<br>Employee's signature<br>(Form is not valid unless you sign it.) ▶                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                |  |                                         |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)                                                                                                                                                                                                                                                                                                                                                    |  | 9 Office code (optional)                                                                                                                                                                                                                                       |  | 10 Employer identification number (EIN) |

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form W-4 (2006)

- **Form W-9**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |                                |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------|
| Form <b>W-9</b><br>(Rev. November 2005)<br>Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Request for Taxpayer Identification Number and Certification</b>                                                                                                                    |                                | Give form to the requester. Do not send to the IRS.     |
| Print or type<br>See Specific Instructions on page 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name (as shown on your income tax return)                                                                                                                                              |                                |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Business name, if different from above                                                                                                                                                 |                                |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ |                                | <input type="checkbox"/> Exempt from backup withholding |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address (number, street, and apt. or suite no.)                                                                                                                                        |                                | Requester's name and address (optional)                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City, state, and ZIP code                                                                                                                                                              |                                |                                                         |
| List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |                                |                                                         |
| <b>Part I Taxpayer Identification Number (TIN)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                        |                                |                                                         |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.<br>Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter. |                                                                                                                                                                                        |                                |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        | Social security number         |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        | or                             |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        | Employer identification number |                                                         |

- **Form SS-5 (Application for a Social Security Card)**

## SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved  
OMB No. 0960-0086

|                                                 |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                   |                                                                  |                        |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------|
| <b>1</b>                                        | <b>NAME</b> →<br><small>TO BE SHOWN ON CARD</small>                                                                                                                                                                                                                                                                                 | First                                                                                                                                                                                                                                                             | Full Middle Name                                                 | Last                   |
|                                                 | <b>FULL NAME AT BIRTH</b><br><small>IF OTHER THAN ABOVE</small>                                                                                                                                                                                                                                                                     | First                                                                                                                                                                                                                                                             | Full Middle Name                                                 | Last                   |
|                                                 | <b>OTHER NAMES USED</b>                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                   |                                                                  |                        |
| <b>2</b>                                        | <b>MAILING ADDRESS</b> →<br><small>Do Not Abbreviate</small>                                                                                                                                                                                                                                                                        | Street Address, Apt. No., PO Box, Rural Route No.                                                                                                                                                                                                                 |                                                                  |                        |
|                                                 |                                                                                                                                                                                                                                                                                                                                     | City                                                                                                                                                                                                                                                              | State                                                            | ZIP Code               |
| <b>3</b>                                        | <b>CITIZENSHIP</b> →<br><small>(Check One)</small>                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien <b>Not</b> Allowed To Work (See Instructions On Page 2) <input type="checkbox"/> Other (See Instructions On Page 2)               |                                                                  |                        |
| <b>4</b>                                        | <b>SEX</b> →                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                     |                                                                  |                        |
| <b>5</b>                                        | <b>RACE/ETHNIC DESCRIPTION</b> →<br><small>(Check One Only - Voluntary)</small>                                                                                                                                                                                                                                                     | <input type="checkbox"/> Asian, Asian-American or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> North American Indian or Alaskan Native <input type="checkbox"/> White (Not Hispanic) |                                                                  |                        |
| <b>6</b>                                        | <b>DATE OF BIRTH</b> →<br><small>Month, Day, Year</small>                                                                                                                                                                                                                                                                           | <b>7 PLACE OF BIRTH</b> →<br><small>(Do Not Abbreviate)</small> City State or Foreign Country FCI <span style="float: right; font-size: small;">Office Use Only</span>                                                                                            |                                                                  |                        |
|                                                 |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                   |                                                                  |                        |
| <b>8</b>                                        | <b>A. MOTHER'S NAME AT HER BIRTH</b> →                                                                                                                                                                                                                                                                                              | First                                                                                                                                                                                                                                                             | Full Middle Name                                                 | Last Name At Her Birth |
|                                                 | <b>B. MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 8B on Page 2) →                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                   | <div style="border-bottom: 1px solid black; width: 100%;"></div> |                        |
| <b>9</b>                                        | <b>A. FATHER'S NAME</b> →                                                                                                                                                                                                                                                                                                           | First                                                                                                                                                                                                                                                             | Full Middle Name                                                 | Last                   |
|                                                 | <b>B. FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9B on Page 2) →                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                   | <div style="border-bottom: 1px solid black; width: 100%;"></div> |                        |
| <b>10</b>                                       | Has the applicant or anyone acting on his/her behalf ever filed for or received a Social Security number card before?<br><input type="checkbox"/> Yes (If "yes", answer questions 11-13.) <input type="checkbox"/> No (If "no," go on to question 14.) <input type="checkbox"/> Don't Know (If "don't know," go on to question 14.) |                                                                                                                                                                                                                                                                   |                                                                  |                        |
| <b>11</b>                                       | Enter the Social Security number previously assigned to the person listed in item 1. →                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                   | <div style="border-bottom: 1px solid black; width: 100%;"></div> |                        |
| <b>12</b>                                       | Enter the name shown on the most recent Social Security card issued for the person listed in item 1. →                                                                                                                                                                                                                              | First                                                                                                                                                                                                                                                             | Middle Name                                                      | Last                   |
| <b>13</b>                                       | Enter any different date of birth if used on an earlier application for a card. →                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                   | <div style="border-bottom: 1px solid black; width: 100%;"></div> |                        |
| <b>14</b>                                       | <b>TODAY'S DATE</b> →<br><small>Month, Day, Year</small>                                                                                                                                                                                                                                                                            | <b>15 DAYTIME PHONE NUMBER</b> ( ) -<br><small>Area Code Number</small>                                                                                                                                                                                           |                                                                  |                        |
| <b>16</b>                                       | I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.                                                                                                                                      |                                                                                                                                                                                                                                                                   |                                                                  |                        |
|                                                 | <b>YOUR SIGNATURE</b> →                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                   | <b>17 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b>          |                        |
|                                                 |                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify)                                                                                                |                                                                  |                        |
| DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY) |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                   |                                                                  |                        |
| NPN                                             |                                                                                                                                                                                                                                                                                                                                     | DOC                                                                                                                                                                                                                                                               | NTI                                                              | CAN                    |
| PBC                                             | EVI                                                                                                                                                                                                                                                                                                                                 | EVA                                                                                                                                                                                                                                                               | EVC                                                              | PRA                    |
| EVIDENCE SUBMITTED                              |                                                                                                                                                                                                                                                                                                                                     | SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW                                                                                                                                                                                 |                                                                  |                        |
|                                                 |                                                                                                                                                                                                                                                                                                                                     | DATE                                                                                                                                                                                                                                                              |                                                                  |                        |
|                                                 |                                                                                                                                                                                                                                                                                                                                     | DCL DATE                                                                                                                                                                                                                                                          |                                                                  |                        |

Form SS-5 (12-2005) ef (12-2005) Destroy Prior Editions

Page 5

- State Driver's License



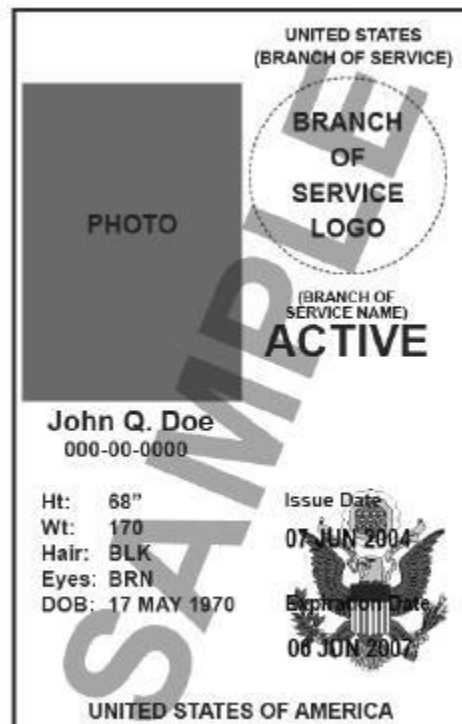
- Military ID



Uniformed Services Identification Card - Active Duty



Uniformed Services Identification Card - Active Duty Family Member



Common Access Card

- Health Insurance Card



- State Corporation Papers
- State Tax Papers

# PROMISe™ Provider Enrollment Packet Checklist

The following checklist contains the most common reasons enrollment applications are returned. Please review the checklist for each enrollment application. **Incomplete enrollment packets will result in your application being rejected as of May 1, 2015.**

## ***Did you remember to.....***

***Use the current application found on the DHS website.***

Use black ink.

Complete all fields as required on the application with either your correct information or N/A.

Verify you have entered the correct number of digits where specified.

Indicate one or more provider specialty codes. (Boxes 6 and 7)

Enter at least one Provider Eligibility Program (PEP). (Box 23j)

Enter your MPI# and Service Location Code in box 2

Sign and date the provider enrollment application. **Date must** be within 30 days of submission.

## ***Did you remember to attach.....***

For individual enrollment, a copy of your Social Security card or W-2. (Box 9)

For agency enrollment, documentation from the IRS for tax identification purposes (a copy of your Federal Tax Identification Number label or document).

Remember, a W-9 is not acceptable.

If applicable, Corporation papers from the Department of State Corporation Bureau or a copy of your business partnership agreement, if applicable.

If applicable, a copy of your:

Professional License

Any other certification, license or permit that applies.

Your signed and dated provider agreement

All application pages.