

## **Enrollment/Re-Enrollment Requirements for Chiropractor and Chiropractor Group Providers**

The list below indicates the additional documentation you must provide in order for your enrollment/re-enrollment application to be considered complete. Failure to complete or enclose any of the required documents will result in the return of the enrollment/re-enrollment application to you for completion.

For providers enrolling or re-enrolling on the [www.ctdssmap.com](http://www.ctdssmap.com) Web portal, this documentation must be submitted upon the completion of the on-line Web portion of your enrollment/re-enrollment application. These forms/documentation must be **completed on paper and mailed to HP with the Application Tracking Number (ATN)** assigned to you by the system. Without these required forms/evidentiary documentation, HP cannot process your enrollment/re-enrollment application.

\_\_\_\_\_ In-state providers: License verification completed by HP via the Department of Public Health (DPH) Web site

\_\_\_\_\_ Out of state providers: must submit a copy of their current license

\_\_\_\_\_ If a State Tax ID has not been provided on the application, a written statement on company letterhead to the effect that you do not have employees or collect sales tax must be supplied.

\_\_\_\_\_ For re-enrollment of groups only: A list of group members that are being re-enrolled in the group is required. The list must contain the individual's name, the individual's NPI/non-medical provider identifier, and the individual's license number. Only those group members for whom all enrollment information is received, including the provider agreement, will be re-enrolled.

### **RE M I N D E R**

In addition to the documentation above, please be sure that all of the following documentation is accurately completed, signed, if required, and returned to HP.

\_\_\_\_\_ Completed and signed Enrollment/Re-enrollment Form, followed by pages 2 – 6 (Not required for providers completing the on-line Web enrollment/re-enrollment application.)

\_\_\_\_\_ Signed Provider Enrollment Agreement (Not required for providers completing the on-line Web enrollment/re-enrollment application.)

\_\_\_\_\_ Completed W-9 Form

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- \_\_\_\_\_ Completed Determination of Separate Practice Location Form (if applicable)
- \_\_\_\_\_ Completed Electronic Funds Transfer (EFT) Form
- \_\_\_\_\_ Completed Addendum to Provider Enrollment Agreement Concerning the Acceptable Use of Electronic Signatures
- \_\_\_\_\_ Completed and signed Affidavit Re: Section 6032 of the Deficit Reduction Act (if applicable)