



**Ohio Early Intervention
System of Payments
POLR PROVIDER ENROLLMENT FORM**

PLEASE PRINT OR TYPE INFORMATION

SECTION 1					
Application Date	Provider Type	Individual Medicaid Provider Number	Group Medicaid Number	National Provider Identifier (NPI)	County

SECTION 2 – PROVIDER INFORMATION

Name of Applicant (Individual or Firm): Attention: In Care of: Address: City, State, Zip Code:	_____ _____ _____ _____	
Telephone Number: ()	Fax Number : ()	E-mail address:

SECTION 3 – BILLING INFORMATION

Information provided in this section will be used when reporting income to the Internal Revenue Service (IRS). Verification of Social Security Number or Tax Identification Number from the IRS must be attached to the enclosed W-9 Form. Applications will be incomplete and will not be processed until the completed W-9 Form and verification of tax number is received.

Social Security Number: - -	Tax Identification Number: -
Individual or Firm Name (as reported to the IRS)..... Address, City, State, Zip Code	_____ _____ _____

Billing Contact Person: _____ Telephone number: _____

SECTION 4 – EI SERVICES Offered by Provider

1	4
2	5
3	6

APPLICATION WILL NOT BE ACCEPTED IF THIS OATH IS OMITTED.

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and beliefs. I hereby waive all provisions of law forbidding colleges or universities which I attended or past employers from disclosing any knowledge of information which they thereby acquired relevant to my employment and I hereby consent they may disclose such knowledge or information to the Ohio Department of Developmental Disabilities.

Signature of Applicant or Authorized Agency

INSTRUCTIONS FOR POLR PROVIDER ENROLLMENT FORM

SECTION 1

- A. Enter the current date in box labeled "Application Date."
- B. Select your correct classification from Table 1 and enter in the box labeled "Provider Type."
- C. Enter applicant's individual Ohio Department of Job and Family Services' (ODJFS) Medicaid Provider number in box labeled "Individual Medicaid Provider Number."
- D. If you are a member of a group of providers, enter the ODJFS Medicaid group provider number in box labeled "Medicaid Group Number."
- E. Enter your National Provider Identifier Number (Individual or Group)
- F. Enter the county in which you do business in box labeled "County".

Table 1 - Provider Type

01 - General Hospital	32 - Service Coord., billing only	42 - Psychologist
04 - Outpatient Health Facility	34 - Service Coordinator	52 - Public Health Dept.
20 - Physician (MD)	35 - Optometrist	53 - Rehabilitation Clinic
21 - Physician group, billing only	39 - Physical Therapy	60 - HH Agency
22 - Physician (DO)	40 - Speech Therapy	74 - Optician
23 - Osteopath group, billing only	41 - Occupational Therapy	76 - Medical Equipment Supplier
25 - Dietitian		

SECTION 2

- Line 1 - Name of applicant
- Line 2 - Attention Line: Individual Firm
- Line 3 - Address: Enter number and street of MAIN business address
- Line 4 - City, State, Zip code-Enter city, state and zip code of physical address
- Line 5 - Telephone number and area code

SECTION 3

- Line 1 - Social security number or Federal tax identification number-Enter the social security number or Tax identification number when reporting income to the Internal Revenue Services (IRS). Line 2 - Individual or Firm Name - Enter name exactly as recorded with the IRS.
- Line 3 - Address - Enter the address used for billing only. (If different from IRS verification, please Submit in writing).
- Line 4 - Billing address City, State and Zip code. Line 5 - Enter contact person for billing only.

SECTION 4

Select EI service(s) offered by provider from Table 2 and enter on Lines 1-6.

Table 2 - Services Offered by Provider

07 - Outpatient Hospital (PT,OT,ST)	43 - Medical Services	51 - Physical Therapy Services
20 - Health Services	45 - Dental Services	53 - Speech Therapy
28 - Nutrition Services	47 - Vision Services	53 - Audiology Services
32 - Assistive Technology	48AB - Psychological Services	54 - Occupational Therapy
33 - Service Coordination	50 - Nursing Services	