

Enrollment into Medical Assistance Promise Enrollment:

1. All provider Types should use the following link to gain access to a PROMISE Enrollment Application.

a <http://www.dhs.pa.gov/provider/promise/enrollmentinformation/>

b. Go all the way to the bottom of the page and select the application link under **Provider Type 17**, regardless of the type of provider revalidating.

Promise Individual Practitioner Enrollment Application:

1. Your name
2. If you are already a provider then go to **2d** and check **Fee Assignment**. This is important to fill out.

Provider number- Speech and motor therapists use: 1000005400003

Teachers use: 1000005400004

NPI- 1083736730

3. N/a
4. Date
5. **Provider type:** 17/therapist
- 6. Provider Specialty Numbers:**

PT-176

OT-177

Speech-178

Special Instructor- 529

7. n/a
8. n/a
9. Your social security number
10. DOB
11. Gender
12. No
13. Do not answer
14. A through D Your license number and info.
15. A through c n/a
16. A through e Your information

17. **Service Location:** 431 Morris Rd. Ambler Pa 19002-5731

phone: 215 816 1442

Fax number: 215 816 1442

answer **Yes** to the first three bullet points.

Answer **No** to the question: "Is this address an active Rural Health Clinic"

Answer **NO** to the next three questions regarding the provider being screened in the last 60 months.

And check all boxes Pay to, mail to and home office

No electronic funds

17b. no

17c This is up to you

17e Joanne Palermo, Executive Director

17f 215 816 1442

17g 215 643 7445

17h joannepalermo@ecasevals.com

17i yes or no

17j. list the languages if you speak more than one.

18 a)wav 16 b) wav 15 c)wav 11

19a NO

20 if you are a therapist please fill this out. If you are a teacher then check NO

21. Your personal liability insurance information

22. a through f answer accordingly

23. a through l answer accordingly

Authorization and Attestation

Provider Agreement for Outpatient Providers

Provider Eligibility Agreement

Sign and Date

Mail to/pay to/ home office Information Attachment 1.

431 Morris Rd Ambler, Pa 19002-

This address is a Home Office

Email: joannepalermo@ecasevals.com

Contact name: Joanne Palermo Title: Executive Director

215 816 1442 fax: 215 643- 7445