

COS 430 – Physician’s Services Program

Use this checklist for physicians who do not have a previous Georgia Medicaid provider number

Physician’s Name: _____

Practice Address: _____

Confirmation #: _____

Payee Provider # (if available): _____

The EFT Agreement and W-9 are not required if a valid Payee Provider number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above

The following information and/or documentation are required to complete the application for enrollment in the Physician’s Services Program:

_____ Provider Enrollment Application (DMA-001)
Must have the original signature of the applicant

_____ Statement of Participation (DMA-002)
Must have the original signature of the applicant

_____ IRS Form W-9
If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed. The payee name on the W-9 must match the business name as registered with the IRS.

_____ Power of Attorney for Payee
When Payee is an entity other than the enrolling Physician.

_____ Electronic Funds Transfer Agreement (DMA-006)

_____ Copy of Physician’s license issued by the CSBME (or Medical Board in the state where this office is located)

_____ Copy of Drug Enforcement Administration Certificate (if applicable)

Comments: _____

Return application and documentation to:

**ACS Provider Enrollment Unit
Post Office Box 88030
Atlanta, Georgia 30356
404-298-1228 or 1-800-766-4456**