

**COS 445-Autism Spectrum Disorder Services**

**Specialty 565 – Physician/Psychologist**

Provider's Name: \_\_\_\_\_

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 is required to complete the application for enrollment in the Autism Spectrum Disorder Services program:

- \_\_\_ Individual Practitioner Enrollment Web Application
- \_\_\_ IRS Form W-9  
*The payee name on the W-9 must match the business name as registered with the IRS.*
- \_\_\_ Power of Attorney for Payee  
*If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.*
- \_\_\_ National Plan and Provider Enumeration System (NPPES)
- \_\_\_ Electronic Funds Transfer Agreement  
*Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.*
- \_\_\_ Copy of wallet-sized medical license issued by the Georgia Composite State Medical Board (or the Medical Board in the state where the provider will be seeing GA Medicaid recipients)
- \_\_\_ One year of experience treating individuals diagnosed with ASD
- \_\_\_ CVO-Curriculum Vitae (Resume)
- \_\_\_ CVO-Proof of Malpractice Insurance
- \_\_\_ CVO-Board Certification (if applicable; Psychologists are NOT Board Certified)
- \_\_\_ CVO-Explanation of Reported Adverse Actions (If Adverse Actions are noted)
- \_\_\_ CVO-Explanation of Work History Gaps
- \_\_\_ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO

**If you have any additional questions, please contact DXC Provider Enrollment at: 1-800-766-4456**