

**Instructions for Completion of the
Participating Provider Agreement (PPA) Signature Page for Medical Services**

IMPORTANT

In order to process your PPA, you must follow these instructions carefully. Failure to follow these instructions will result in your PPA being returned unapproved.

When completing this package:

- **Do not** use white out
- **Do not** use pencil
- **Do not** fold the signature page
- Do not use a Post Office Box as a Physical Address
- Signatures **must meet requirements under Signature Requirements**
- **Ensure your billing address matches** the address that was used to register your business with the Central Vendor Management Unit (CVMU).
- **Please provide an email address to where the CHECK REMITTANCE ADVICE will be sent to. This email address is to let you know what patient belongs to the check you will receive.**

STEP 1: AGREEMENT Information

In the upper right hand corner, fill in the PPA # provided by DOH

Opening paragraph - fill in the starting (effective) date provided DOH in the first space provided
- fill in the termination date provided by DOH in the second space provided

STEP 2: PROVIDER Information

Line 1 - Provider's Name

Please enter the correct name of your facility as it was registered with **CVMU**. For existing providers, a listing from CVMU has been provided for you in your renewal notice letter. If the names do not match, or you are not registered with CVMU or DOS, you are required to register or update these records.

Central Vendor Management Unit

1-877-435-7363 (for questions only)

PA Department of State (DOS)

717-787-1057

NOTE: Do not return the PPA to the Bureau if the name does not match exactly in CVMU, DOS and on the W9-Tax Form.

Line 2-5 – Office Address

Please enter the **PHYSICAL ADDRESS** of your facility. **Do NOT enter a PO Box on Line 2.** A PO Box is not acceptable as a physical address. Be sure to include the county in which your facility is located and your phone number.

Line 6-8- Billing Address

Please enter the billing address of your facility on this line. This line can be a PO Box. This address must match one of the addresses that is provided on the listing from CVMU that is referenced above.

STEP 3: LICENSING INFORMATION

Line 9-11 –Type License/License No./Federal ID or SS Number

Please fill in the appropriate information. **Type License** can be Hospital or Medical Doctor. If listing more than one doctor, please use attached Physicians List. **License Number** is the Hospital's license number or a Doctor's license number. **Federal ID/SS Number** is self-explanatory.

STEP 4: SIGNATURE REQUIREMENTS

See the signature requirements for your type of company

Note: Please remember to print or type the name(s) and title(s) of the individual(s) signing the agreement on the lines below their signature.

CORPORATION (including Professional Corporation) SIGNATORY REQUIREMENTS:

Line 12-15 - First Signatory Line: This line can only be signed by either the President **or** Vice President of the Corporation.

Line 16-19 - Second Signatory Line: This line can only be signed by either the Secretary **or** Assistant Secretary **or** Treasurer **or** Assistant Treasurer of the Corporation.

- If any other person has authority to execute agreements on behalf of the Corporation, that person may sign, but **a copy of the document conferring that authority** (such as by-laws or corporate resolution) **must be sent** with the agreement when it is returned to the Department for processing.
- Pennsylvania law requires a for-profit corporation to have a corporate designation such as "Inc.," "Corp.," "Co.," "Ltd.," or "P.C." as part of the corporate name. A not-for-profit corporation under Pennsylvania law might or might not have such a designation as part of the name. When reviewing the corporate name on the agreement, you should make certain it is complete and correct. If a correction to the corporate name is made on the agreement, that correction must be initialed and dated by the same person(s) who sign the agreement.

PARTNERSHIP SIGNATORY REQUIREMENTS:

General Partnership –

Line 12-15 - First Signatory Line: This line can only be signed by a partner. The title line should indicate "Partner."

Line 16-19 - Second Signatory Line: Please leave blank

Limited Partnership –

Line 12-15 - First Signatory Line: This line can only be signed by a general partner authorized to sign on behalf of the partnership. The title line should indicate "General Partner."

- If the partner signing is a corporate entity, CORPORATION signature requirements above apply to the signature of the corporate partner.

[Line 16-19 - Second Signatory Line](#): Please leave blank

NOTE: Partnerships of either kind (general or limited) may register as “limited liability partnerships.” This does not affect the signature requirements noted above.

LIMITED LIABILITY COMPANY (LLC) SIGNATORY REQUIREMENTS:

Member-Managed LLC –

[Line 12-15 - First Signatory Line](#): This line can only be signed by a member. The title line should indicate “Member.”

[Line 16-19 - Second Signatory Line](#): Please leave blank

Manager-Managed LLC –

[Line 12-15 - First Signatory Line](#): This line can only be signed by a manager. The title line should indicate “Manager.”

[Line 16-19 - Second Signatory Line](#): Please leave blank

NOTE: If the member or manager signing is a corporate entity, CORPORATION signature requirements above apply to the signature of the corporate member or manager.

SOLE PROPRIETORSHIP SIGNATORY REQUIREMENTS:

[Line 12-15 - First Signatory Line](#): This line can only be signed by the owner. The title line may be left blank.

[Line 16-19 - Second Signatory Line](#): Please leave blank

DOING BUSINESS AS (d/b/a), or TRADING AS (t/a) SIGNATORY REQUIREMENTS:

Corporation operating under a fictitious name – the agreement must be signed according to the instructions provided under [CORPORATION](#).

Partnership operating under a fictitious name – the agreement must be signed according to the instructions under [PARTNERSHIP](#).

LLC operating under a fictitious name – the agreement must be signed according to the instructions under [LIMITED LIABILITY COMPANY](#).

Sole proprietorship operating under a registered fictitious name – the agreement must be signed according to the instructions provided under [SOLE PROPRIETORSHIP](#).

NOTE: The provider name in **Line 1** must include the name of the person(s) or entity(ies) owning and registering the fictitious name, followed by the fictitious name.

➤ Examples include:

Sole Proprietorship Name
John Doe
d/b/a The Coffee Shop

Partnership Name
John Doe and Jane Doe
d/b/a The Coffee Shop

Corporation Name
Doe, Inc.
d/b/a The Coffee Shop