CFO Provider Enrollment Form

Gainwell Technologies
Attn: Provider Enrollment
P.O. Box 29134
Shawnee Mission, KS 66201-9134

CFO Use Only
Date Received:
Part C Number:

Provider Enrollment: 866-305-4985, Option 2 Fax: 913-888-6683 http://www.laeikids.com Email: laeienroll@gainwelltechnologies.com

Provider Information			
Please complete this form using the organization information or your information if you are an Independent provider. If you are currently enrolled, please provide the information currently in the CFO system. Send completed form to the address above.			
☐ New Information	☐ Change of Information	☐ Change Name (previous name):	
Select Type of Change ☐Specialty ☐Phone ☐Fax ☐Address ☐Dis-Enrolling: Last Date of Work			
Payee Federal Tax Id Number:		Payee/Facility Name:	
First Name:	M:	Last Name:	Email:
Business Address:			
City:	State:	Zip:	
Phone:	Ext:	Fax:	

Payee Information		
☐ New Information	☐ Change of Information	
Payee/Facility Name:		
Provider Name:		
Billing Address:		
City:	State:	Zip:
Phone:	Ext:	Fax:
Name of Primary Contact for Enrollment Questions:		

Early Intervention Discipline		
☐ Audiologist	☐ Nurse (Registered)	☐ Psychologist
☐ Assistive Technology Provider	☐ Occupational Therapy Assistant (COTA)	☐ School Psychologist
☐ ABA Implementer	☐ Occupational Therapist	☐ Social Worker
☐ Behavioral Consultant	☐ Optometrist/Ophthalmologist	☐ Special Instructor
☐ Counselor	☐ Orientation and Mobility Specialist	☐ Special Instructor (LEA)
☐ Dietitian/Nutritionist (Registered)	☐ Parent Educator	☐ Special Instructor (sensory impairment)
☐ Evaluator	☐ Parent Advisor for Sensory Impairments	☐ Speech/Language Pathologist
☐ Family Support Coordinator	☐ Physical Therapy Assistant (PTA)	☐ Speech/Language Pathologist Assistant
☐ Foreign Language Translator	☐ Physical Therapist	☐ Transportation Provider
☐ Intake Coordinator	☐ Physician	☐ Other (please specify) _____
☐ Interpreter for the Deaf	☐ Assistant to a Psychologist	

Please be aware that you may not provide services until you are listed as a provider at your local System Point of Entry (SPOE). Provider status will be updated upon the receipt of completed agreements. The date the information is received at the CFO office will determine the effective date of your provider status.

Signature: _____ Date: _____

Save Form Print Form