

PROVIDER TYPE PROFILE

PROVIDER TYPE	18	PHYSICIANS ASSISTANT
REIMBURSEMENT TYPE	02	FEE FOR SERVICE EFFECTIVE 07-01-88
CATEGORIES OF SERVICE		LICENSE/CERTIFICATION
MANDATORY	01 MEDICINE	JOINT BOARD ON REGULATION PHYSICIAN ASSISTANTS
MANDATORY	02 SURGERY	JOINT BOARD ON REGULATION PHYSICIAN ASSISTANTS
MANDATORY		
OPTIONAL	03 RESPIRATORY THERAPY	
OPTIONAL	05 OCCUPATIONAL THERAPY	
OPTIONAL	06 PHYSICAL THERAPY	
OPTIONAL	07 SPEECH/HEARING THERAPY	
OPTIONAL	08 EPSDT	
OPTIONAL	09 PHARMACY	DRUG ENFORCEMENT AGENCY
OPTIONAL	12 PATHOLOGY AND LAB	CLIA LICENSE/WAIVER
OPTIONAL	13 RADIOLOGY	
OPTIONAL	15 DME AND APPLIANCE	
OPTIONAL	27 IHS OUTPATIENT SERVICES	(ASSIGNED TO IHS PROVIDERS)
OPTIONAL	40 MEDICAL SUPPLIES	
OPTIONAL	45 REHABILITATION	
OPTIONAL	47* MENTAL HEALTH	MUST BE SUPERVISED BY AN AHCCCS REGISTERED PSYCHIATRIST

* SPECIAL INSTRUCTIONS: I _____ am the supervising psychiatrist,
(Psychiatrist Name)

AHCCCS provider ID # _____.

(Psychiatrist's Signature)

(Date)

(Physician Assistant's Signature)

(Date)

This provider also may be assigned COS 47 as a behavioral health medical practitioner if the provider submits a letter attesting to one year of full time behavioral health work experience.