Application Fee Matrix

Provider/Supplier Type	Initial Enrollment	Provider/Supplier Type	Initial Enrollment
Ambulance Service Supplier	Yes	Independent Diagnostic Testing Facility	Yes
Ambulatory Surgical Center	Yes	Indian Health Services Facility	Yes
Clinic/Group Practice	No	Mammography Center	Yes
Community Mental Health Center	Yes	Mass Immunization (Roster Biller Only)	Yes
Competitive Acquisition Prog. Part B Drug Vendor	Yes	Non-Physician Practitioner	No
Comprehensive Outpatient Rehabilitation Facility	Yes	Organ Procurement Organization	Yes
Critical Access Hospital	Yes	Outpatient PT/OT/Speech Pathology Services	No
DME, Prosthetics, Orthotics, & Supplies	Yes	Pharmacy	Yes
End-Stage Renal Disease Facility	Yes	Physician	No
Federally Qualified Health Center	Yes	Portable X-ray Supplier	Yes
Histocompatibility Laboratory	Yes	Radiation Therapy Center	Yes
Home Health Agency	Yes	Religious Non-Medical Health Care Institution	Yes
Hospice	Yes	Rural Health Clinic	Yes
Hospital	Yes	Skilled Nursing Facility	Yes
Independent Clinical Laboratory	Yes		