

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 | | |