

Requirements For Provider Type 16 - Nurse

Specialty Code

Please choose from the following for the specialty and code:

- 160 - Registered Nurse
- 161 - Licensed Practical Nurse
- 162 - Psychiatric Nurse
- 163 - Nurse Family Partnership

Provider Eligibility Program (PEPs)

Please choose from the following PEPs:

- Consolidated Waiver
- Community Care Waiver
- Fee-For-Service
- Independence Waiver
- OBRA Waiver
- OMR Base Program
- Person/Family Directed Support Waiver

Additional Required Documents for Provider Type 16:

The following documents and supporting information are required by the Bureau of Fee-For-Service Programs to enroll as a provider:

- Provider Enrollment Application
- Signed Outpatient Provider Agreement
- Copy of Social Security card **OR** a document generated by the IRS or Social Security Administration, which shows your name and SSN. Note: W-9 is **not** acceptable.
- If the Social Security card states “Valid for work only with INS authorization”, please submit the paperwork generated by the INS or Department of Homeland Security that shows proof of authorization to work in the United States.
- Copy of License
- Letter of certification for Nurse Family Partnership providers
- Copy of the NPPES Confirmation letter that shows the NPI number and taxonomy(s) assigned to the individual applying for enrollment

Submit the application and supporting documents to:

DHS Provider Enrollment

PO Box 8045

Harrisburg, PA 17105-8045

- or -

Fax: (717) 265-8284

- or -

Email: RA-ProvApp@pa.gov