

Requirements For Provider Type 23 - Nutritionist

Specialty Code

Please choose from the following for the specialty and code:

- 230 - Nutritionist
- 370 - Tobacco Cessation

Provider Eligibility Program (PEPs)

Please indicate one or more the following PEPs:

- Fee-For-Service
- AIDS Waiver

Additional Required Documents for Provider Type 23:

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 W-2. Note: W-9 is **not** acceptable. (Any tax document generated by the Federal IRS that shows both the name and SSN of the individual applying for enrollment will be accepted).
- 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 from the Department of State.
- Dietetic Card
- Copy of the **NPPES Confirmation letter** that shows the NPI Number and Taxonomy(s) assigned to the individual applying for enrollment.
- Proof of home state Medicaid participation (out of state providers only).

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