

## Requirements For Provider Type 33 - Certified Nurse Midwife

### Specialty Code

Please indicate for the specialty and code:

335 - Certified Nurse Midwife

### Provider Eligibility Program (PEPs)

Please indicate the following PEP:

- Fee-for-Service
- Enrolled Not Paid (if part of a 31 Physician Group, 08 Clinic; FQHC, RHC or Mental Health)

### Additional Required Documents for Provider Type 33:

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
- Collaborative Practice Agreement, if applicable
- 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
- Proof of home state Medicaid participation.
- Copy of Mammography Certificate, if applicable.
- Include a legible 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](mailto:RA-ProvApp@pa.gov)**