

Requirements For Provider Type 37 – Tobacco Cessation

Specialty Code

Please indicate for the specialty and code:

- 370 – Tobacco Cessation (See MA Bulletin 99-02-02)

Provider Eligibility Program (PEPs)

Please indicate the following PEP:

- Fee-for-Service

Additional Required Documents For Provider Type 37

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs for enrollment:

- Provider Enrollment Application
- **You MUST complete the Provider Disclosure/Ownership or Control interest form. This form can be found on the enrollment website or by following this link:**
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/form/p_011861.pdf
- Signed Outpatient Provider Agreement
- Certificate from Department of Health

Submittal Address

After completion of all enrollment documents, send the complete package to:

DPW
Provider Enrollment Unit
P.O. Box 8045
Harrisburg, PA 17105-8045