

Requirements For Provider Type 58 – Communications Services

Specialty Code

Please indicate for the specialty and code:

- 580 – Sign Language
- 582- Communications Specialist
- 583 – Communications Specialist Deaf and Hard of Hearing

Provider Eligibility Program (PEPs)

Please indicate one or more of the following PEPs:

580	582	583
FFS ENP	Consolidated Waiver Community Living Waiver ID Base Programs Per/Family Services	Consolidated Waiver Community Living Waiver ID Base Programs Per/Family Services

Additional Required Documents For Provider Type 58

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
- Business Associate Agreement (HIPAA)
- For Specialty 580, Registry of Interpreters for the Deaf (RID)

Certification Form (attached) Submittal Address

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

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

Registry of Interpreters for the Deaf (RID) Certification Form (Check All Applicable):

CI___ CT___ CSC___ CDI___ NAD 4___ NAD 5___

Name: _____

RID Membership Number: _____

RID Membership Begin Date: _____

RID Membership Expiration Date: _____

****Please enclose a copy of your current membership card****

Counties in which you will provide service:

Telephone Numbers:

Home: (_____) _____

Mobile: (_____) _____

Submittal Address

After completion this form and all other enrollment documents, send the complete package to:

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Harrisburg, PA 17105-8045