

Requirements for Provider Type 23 - Nutritionist

Specialty Code

Please choose from the following for the specialty and code:

- 230 - Nutritionist

Provider Eligibility Program (PEP)

Please choose one or more the following PEPs:

- Fee-For-Service
- Enrollment Not Paid
- Aging Waiver
- Adult Autism Waiver

Required Documents for an Individual Provider Type 23

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

- Completed application for the enrollment of an Individual Practitioner—application must include:
 - Signed Outpatient Provider Agreement with original signature of enrolling Provider; and
 - Completed Ownership or Control Interest Disclosure form
- If the Provider is not a citizen of the United States, submit copy of Permanent Resident Card or Form I-797 showing authorization to work in the United States
- Copy of license from the Department of State
- Copy of Dietetic card
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation

Required Documents for a Provider Type 23 Group

- Completed application for the enrollment of a Group Provider—application must include:
 - Signed Provider Agreement with the original signature of an authorized representative;
 - Completed Ownership or Control Interest Disclosure form; and
 - Group Member form containing the original signature and Provider ID number of at least one Provider
- Documentation generated by the IRS showing both the Group's legal name and FEIN – documentation must come from the IRS; this Department **does not** accept W-9s
- If Group is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- If the application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- If the Group operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation paperwork issued by Department of State Corporation Bureau or copy of business partnership agreement
- For providers applying to provide services under the Adult Autism Waiver, include a copy of the completed SPeCTRUM training certificate.

Nutritionists (23) are encouraged to submit applications online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us> . If circumstances do not allow for online submission, send application and documents to:

DHS Provider Enrollment
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