

## Additional Requirements for CHIP-Only Enrollment Provider Type 30 (Renal Dialysis Center)

### Specialty Code

Please select the following for specialty and code:

- 300 – Renal Dialysis Center

**The following documents and supporting information are required for enrollment:  
(Please ensure all documents are legible.)**

*Please note that all Renal Dialysis Centers must be certified by Medicare **prior** to enrollment with Pennsylvania CHIP.*

- Completed application for the enrollment of a CHIP Provider— application **must** include:
  - Signed CHIP Provider Agreement with original signature of an authorized representative
  - Completed Ownership or Control Interest Disclosure form
- Documentation generated by the IRS showing both the Provider’s legal name and FEIN—documentation **must** come from the IRS; this Department **does not** accept W-9s
- If Provider is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- Copies of Corporation papers issued by the Department of State (DOS) Corporation Bureau
- If the Provider operates under a fictitious name, submit copy of D/B/A filing with the DOS Corporation Bureau

**DHS Provider Enrollment**  
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