

Additional Requirements for CHIP-Only Enrollment Provider Type 01-183 (Hospital-Based Medical Clinic)

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

- Completed application for the enrollment of a CHIP Provider – application **must** include:
 - Signed CHIP Provider Agreement with original signature of an executive officer
 - Completed Ownership or Control Interest Disclosure form
- Copy of Hospital license issued by Department of Health (DOH)
 - If Provider is Out-of-State, submit similar licensure issued by appropriate agency.
- Documentation generated by the IRS showing both the Hospital's legal name and FEIN—documentation **must** come from the IRS; this Department **does not** accept W-9s
- If Hospital 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 Hospital operates under a fictitious name, submit copy of D/B/A filing with the DOS Corporation Bureau

Hospital-Based Medical Clinics (01-183) are unable to submit applications online via our Electronic Provider Portal. All applications must be completed on paper and sent with all required documents to:

**DHS Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045
Fax: (717) 265-8284
E-mail: RA-ProvApp@pa.gov**

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