

## **Requirements for Provider Type 37 – Tobacco Cessation**

### **Specialty Code**

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

### **Provider Eligibility Program (PEP)**

- Fee-for-Service

### **Required Documents for Provider Type 37**

**The following documents and supporting information are required by the Bureau of Fee-for- Service Programs for enrollment (please ensure all documents are legible):**

- Completed application for the enrollment of a Facility/Agency—application must include:
  - Signed Outpatient Provider Agreement with original signature of an authorized representative;
  - Completed Ownership or Control Interest Disclosure form; and
- License issued by the Department of Health
- 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
- If Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation papers issued by Department of State Corporation Bureau or business partnership agreement

*Tobacco Cessation (37-370) Providers are encouraged to apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us> . If circumstances do not allow online submission, send the application and required documents to:*

**DHS Provider Enrollment  
P.O. Box 8045  
Harrisburg, PA 17105-8045  
Fax: (717) 265-8284  
E-mail: [ra-provapp@pa.gov](mailto:ra-provapp@pa.gov)**