

Additional Requirements for CHIP-Only Enrollment Provider Type 01-010/014 (Medical Rehabilitation Hospitals and Units)

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 license issued by the Department of Health.
 - If Provider is Out-of-State, submit similar licensure issued by appropriate agency.
- Copy of DEA Certificate, if applicable
- 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 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 Hospital operates under a fictitious name, submit copy of D/B/A filing with the DOS Corporation Bureau

Inpatient Medical Rehabilitation Facilities (01-012/014) should apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us/>. If circumstances do not allow online submission and the Medicare Fee has already been paid, send application and 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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