

Requirements For Provider Type 04 – Rehabilitation Facility

Specialty Type

Please indicate the following for specialty and code:

041 – Comprehensive Outpatient Rehab Facility

Provider Eligibility Program (PEPs)

Please indicate the following PEP:

- Fee-for-Service

Additional Required Documents For Provider Type 04

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs to enroll your facility as a provider.

- Provider Enrollment Application
- **You MUST complete the Provider Disclosure/Ownership or Control interest form. This form can be found on the enrollment website or by following this link:**
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/form/p_011861.pdf
- Signed Outpatient Provider Agreement
- Copy of tax document generated by Federal IRS that shows both name and tax ID.
- Copy of the Current License/Renewal

Submittal Address

After completion of all enrollment documents, send the complete package to:

Department Of Public Welfare
Provider Enrollment Unit
P.O. Box 8045
Harrisburg, PA 17105-8045