

Requirements for Provider Type 23 - Nutritionist

Specialty Code

Please choose from the following for the specialty and code:

- 230 - Nutritionist

Provider Eligibility Program (PEP)

Please choose one or more the following PEPs:

- Fee-For-Service
- Enrollment Not Paid
- Aging Waiver
- Adult Autism Waiver

Required Documents for an Individual Provider Type 23

The following documents and supporting information are required by the Bureau of Fee-For-Service Programs to enroll as a provider (please ensure documents are legible):

- Completed application for the enrollment of an Individual Practitioner—application must include:
 - Signed Outpatient Provider Agreement with original signature of enrolling Provider; and
 - Completed Ownership or Control Interest Disclosure form
- If the Provider is not a citizen of the United States, submit copy of Permanent Resident Card or Form I-797 showing authorization to work in the United States
- Copy of license from the Department of State
- Copy of Dietetic card
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation

Required Documents for a Provider Type 23 Group

- Completed application for the enrollment of a Group Provider—application must include:
 - Signed Provider Agreement with the original signature of an authorized representative;
 - Completed Ownership or Control Interest Disclosure form; and
 - Group Member form containing the original signature and Provider ID number of at least one Provider
- Documentation generated by the IRS showing both the Group's legal name and FEIN – documentation must come from the IRS; this Department **does not** accept W-9s
- If Group is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- If the application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- If the Group operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation paperwork issued by Department of State Corporation Bureau or copy of business partnership agreement

Nutritionists (23) are encouraged to submit applications online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us> . If circumstances do not allow for online submission, send application and documents to:

DHS Provider Enrollment
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