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

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