

## **Requirements for Provider Type 04 – Rehabilitation Facility**

*Please note that all Rehabilitation Facilities must be certified by Medicare **prior** to enrollment with Pennsylvania Medicaid.*

### **Specialty Type**

- Comprehensive Outpatient Rehabilitation Facility

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

- Fee-for-Service

### **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 (please ensure all documents are legible):**

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

*Rehabilitation Facilities (04-041) should submit applications via our online Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us/>. If circumstances do not permit online submission and the Medicare fee has been paid, send application and required documents to:*

**DHS Provider Enrollment  
PO Box 8045  
Harrisburg, PA 17105-8045  
Fax: (717) 265-8284  
E-mail: [RA-ProvApp@pa.gov](mailto:RA-ProvApp@pa.gov)**