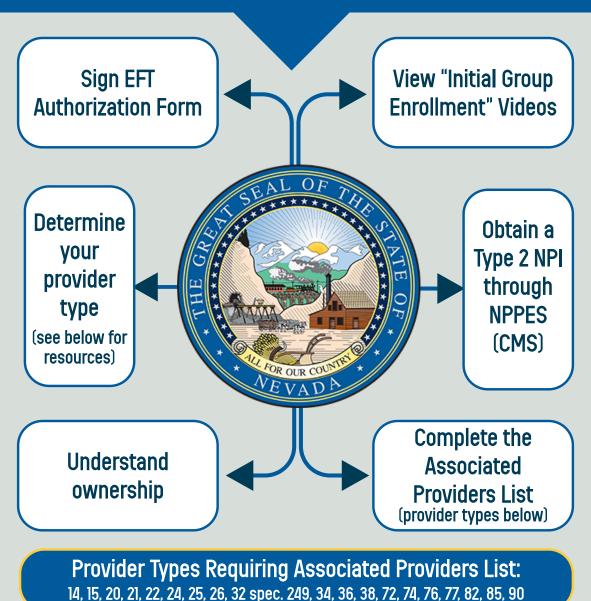
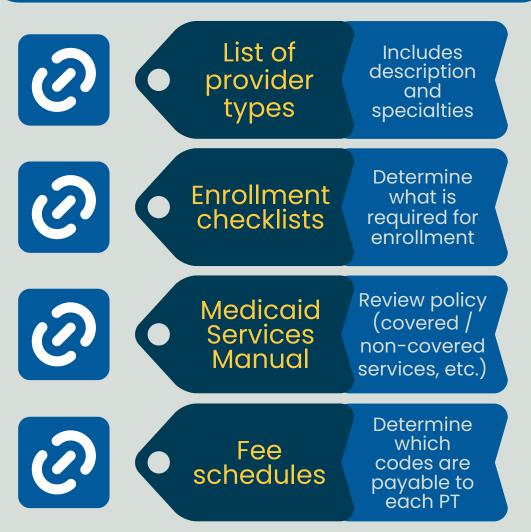
## Information for Groups Preparing to Enroll with Nevada Medicaid



14, 15, 20, 21, 22, 24, 25, 26, 32 spec. 249, 34, 36, 36, 72, 74, 76, 77, 62, 65, 90

## HOW TO DETERMINE PROVIDER TYPE (PT)

Click any description to view the associated resources and/or information.



All enrollment documents requiring a signature must have an original, wet signature.

Stamps and electronic signatures will not be accepted.