



## Provider Enrollment Checklist for Provider Type 17

### Special Clinics - Specialty 174, Public Health Clinic

The following is a list of required enrollment documents for this provider type. A copy of each document listed below must be included with your provider enrollment or revalidation.

If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

- ☐ Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
- ☐ Active Nevada license as a Physician (M.D., D.O.), Physician's Assistant (PA) and/or Advanced Practice Registered Nurse (APRN), including Certified Nurse Midwife (CNM), per 42 CFR 59.5(b)(6) to act as a Medical Director

**Additional requirement:** Must be a county facility.

#### Resources:

The [Provider Enrollment](#) webpage provides instruction materials that will assist providers with enrolling in Nevada Medicaid.

*You do not need to submit this checklist with your enrollment/revalidation documents.*