



Provider Enrollment Checklist for Provider Type 32

Ambulance, Air or Ground

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 Packet.

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.

In-State Ambulance, Air or Ground

- Documentation showing provider's Taxpayer Identification Number (SS-4 or CP575 or W-9)
- State of Nevada Division of Public and Behavioral Health Emergency Medical Systems Permit **OR** Southern Nevada Health District Emergency Medical Service Permit
- Business License

Out-of-State Ambulance, Air or Ground Provider

- Documentation showing provider's Taxpayer Identification Number (SS-4 or CP575 or W-9)
- A permit to provide emergency medical services issued by provider's home state
- Business License

When providing Community Paramedicine services, please also include:

- Community Paramedic NPI validation: Printed page from the NPPES NPI Registry displaying the provider's NPI or a printed copy of the email confirmation showing the provider's NPI
- Medical Director's NPI validation: Printed page from the NPPES NPI Registry displaying the provider's NPI or a printed copy of the email confirmation showing the provider's NPI
- Community Paramedicine Endorsement – Individual (Division of Public and Behavioral Health or Southern Nevada Health District)
- Community Paramedicine Endorsement – Agency (Division of Public and Behavioral Health or Southern Nevada Health District)
- Payment Address/Service Agency Address on your enrollment or revalidation application

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