

Medicaid.

Provider Enrollment Checklist for Provider Type 34

Therapy - Specialty 027, Physical Therapy

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.

Monday through Friday.
Facility/Group
☐ Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
Nevada Secretary of State Business License
ndividual
☐ Documentation showing Taxpayer Identification Number (W-9)
State Board of Physical Therapy License
Resources:

The <u>Provider Enrollment</u> webpage provides instruction materials that will assist providers with enrolling in Nevada

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

1/1