

Provider Enrollment Checklist for Provider Type 22

# Dentist

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/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.

## Facility/Group

Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)



Nevada Secretary of State Business License

#### Individual

Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9) if using a Tax ID issued separately from the Social Security Number

State Board of Dental Examiners License

#### **Out-of-State and Out-of-Catchment Urgent/Emergent Enrollment**

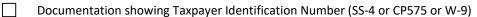
Full Nevada Medicaid enrollment is not required for out-of-state, out-of-catchment providers that render urgent/emergent services to recipients outside of Nevada borders.

If you are enrolling to be reimbursed for urgent/emergent services provided to a Nevada Medicaid recipient, please complete an Urgent/Emergent enrollment.

The following documentation will need to be submitted along with the urgent/emergent enrollment.

- Proof of Medicaid Enrollment in Home State

The proof must show the rendering provider's name and National Provider Identifier (NPI) and your State's Medicaid name and be dated within 5 years from the date of service.



- Voided Check or Bank Letter to Confirm Electronic Funds Transfer (EFT) Information
  - Letter of intent including information on recipient such as name, Nevada Medicaid ID number, dates of service, CDT/CPT/HCPCS/revenue codes, etc.

## Resources:

The <u>Provider Enrollment</u> 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.