



Provider Enrollment Checklist for Provider Type 26 (Psychologist)

Provider Type 26: Psychological Trainee, Specialty 248

This checklist must be completed and submitted with the attachments listed below. The following is a list of required enrollment documents for this provider type and specialty. If you have any questions, please contact Provider Customer Service at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

Notes:

- Psychological Trainees may not be assigned and linked to more than two (2) Supervising Psychologist groups.
- When enrolling under this specialty, Psychological Trainees cannot link to any provider type 14 or 82 groups.

Attachments

Initial each space below to signify that the specified item is attached.

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

_____ State Board of Psychological Examiners Registration Certificate

Supervising Psychologist

I understand that I must have a Supervising Psychologist when providing services to Nevada Medicaid recipients. The name, contact and signature of my Supervising Psychologist is provided below:

Primary Supervising Psychologist (first and last name, printed): _____

NPI: _____

Signature: _____ Date: _____

Secondary Supervising Psychologist (first and last name, printed): _____

NPI: _____

Signature: _____ Date: _____

Reporting Fraud

I understand that Nevada Medicaid payments are made from federal and state funds and that any falsification, or concealment of a material fact, may be prosecuted under federal and state laws.

Providers have an obligation to report to the Division of Health Care Financing and Policy (DHCFP) any suspicion of fraud or abuse in DHCFP programs, including fraud or abuse associated with recipients or other providers (MSM Chapter 3300). Examples of fraudulent acts, false claims and abusive billing practices are listed in MSM Chapter 3300. Alleged fraud, abuse or improper payment may be reported on line at <http://dhcfp.nv.gov/Resources/PI/ContactSURSUnit/> or by calling (775) 687-8405.

I hereby agree to abide by Nevada Medicaid's fraud reporting requirements:

Psychological Trainee Signature: _____ **Date:** _____