
INSTITUTIONAL / RATE-BASED PROVIDER ENROLLMENT PACKAGE

Be sure to complete the enrollment form in blue or black ink only. Do not use white-out or

INCLUDE THIS PAGE WITH YOUR COMPLETED PACKAGE.

RETURN PACKAGE AND ALL REQUESTED DOCUMENTATION TO:

CSC
P. O. BOX 4603
RENSSELAER, NY 12144

correction tape on the documents. This package must be scanned, so please make sure all copies are on 8 1/2 x 11 sheets and in good condition.

Use this page as the *cover sheet*, then place your documents in the following order:

- All pages of your **enrollment form** completed per instruction sheet
- all required documentation **per instruction sheet**
- any **other supporting documentation** or letters.

For questions regarding completing this Enrollment Package, contact the Division of OHIP Operations Institutional Enrollment Unit at (518) 474-3575 or (800) 342-3005.

Please note that incomplete applications, missing documentation or not returning this cover page with your application will cause your application to be returned to the correspondence address listed on the enrollment form and will significantly delay the enrollment process.

FOR CSC USE:

Enrollment COS 0265, use Review Criteria Set - 4541