

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GUIDANCE DOCUMENT

“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to
Neb. Rev. Stat. § 84-901.03

**Nebraska Chronic Renal Disease Program
Service Provider Enrollment**

February 2025



To participate in the Chronic Renal Disease Program, service providers – pharmacies and dialysis centers – must complete and sign the Program’s Service Provider Enrollment Form.

To submit a Nebraska Renal Program Service Provider Enrollment Form:

- Fill out – and electronically sign – the form online at:
http://dhhs.ne.gov/Documents/CRDP_ServiceProviderEnrollmentForm.pdf

- Save the form as a PDF file to your computer.
- Send the PDF file as an attachment to DHHS.renal@nebraska.gov o Subject line: Service Provider Enrollment: NAME OF SERVICE PROVIDER (substitute the name of the pharmacy or dialysis center where it says ‘name of service provider’).

Upon receipt, the Nebraska Chronic Renal Disease Program will review, electronically sign, and send a fully-signed copy back to the service provider for its files.

If you have any questions or are unable to complete the form electronically, please email DHHS.renal@nebraska.gov or call (402) 471-0925.

*Service Provider Enrollment Forms are common practice across Nebraska Department of Health & Human Services (DHHS) programs.

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