

Nebraska Chronic Renal Disease Program Service Provider Agreement



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

To submit a Nebraska Renal Program Service Provider Agreement:

- Fill out – and electronically sign – the form online at:
http://dhhs.ne.gov/publichealth/Documents/CRDP_ServiceProviderAgreement.pdf.
- Save the form as a PDF file to your computer.
- Send the PDF file as an attachment to DHHS.renal@nebraska.gov, subject line:
Service Provider Agreement: 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 Agreements are common practice across Nebraska Department of Health & Human Services (DHHS) programs.*

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