



## Required Information for Customized Durable Medical Equipment (DME) Providers

Providers who wish to enroll as DME vendors must complete and submit the CSHCN Services Program Provider Enrollment form. Providers who wish to enroll with CSHCN Services Program as customized DME vendors must submit the following documentation with the Provider Enrollment form:

- Evidence of having current certification from the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) as an assistive technology practitioner (ATP).

Please provide the requested information to the Texas Medicaid & Healthcare Partnership (TMHP) Provider Enrollment Department at the below address or by fax to 1-512-514-4214. All pages on which signatures are required cannot be faxed and must be mailed to:

Texas Medicaid & Healthcare Partnership  
Provider Enrollment  
P.O. Box 200795  
Austin, TX 78720-0795