

# Medicaid Provider Enrollment

Recall Application: This document is archived and is maintained for historical, research or record keeping purposes only.

## Procedure

This feature allows you to recall a saved application using the Application Tracking Number and SSN/EIN.

Step	Action
1.	<b>If you have submitted your application you will not be able to recall the application</b>



Step	Action
2.	Click the <b>Provider Enrollment</b> link. <a href="#">Provider Enrollment</a>

The screenshot shows the North Dakota MMIS Web Portal interface. At the top, there is a navigation bar with 'Home', 'Program', 'Member', 'Provider', 'Documentation', and 'Directories'. Below this is the 'Provider Enrollment' section, which includes a 'Print | Help' link. The main content area is divided into three columns. The left column contains 'Become a Provider' and 'Become a Trading Partner' sections, each with descriptive text and links for 'FAQ', 'Instructions', and 'Trading Partner Enrollment'. The middle column contains 'Application Status' and 'Recall Provider Application' sections. The 'Recall Provider Application' section has a red box around the '\*Application Tracking #' and '\*SSN/EIN' input fields and a 'Submit' button. The right column contains 'Recall Trading Partner Application' with similar input fields and a 'Submit' button.

Step	Action
3.	Enter the desired information into the <b>*Application Tracking #</b> field.
Step	Action
4.	Enter the desired information into the <b>*SSN/EIN</b> field.
Step	Action
5.	Click the <b>Submit</b> button.

**Submit**

**Identifying Information**

\* Required Field

**Application Links**

- Application Tracking Number - 124029
- Instructions
- Identifying Information**
- Licensure / Certification
- Provider Identifier Numbers
- Service Location Billing
- Group Affiliation
- Electronic Transaction Submission
- Ownership
- Exclusion / Sanction
- Qualified Service Providers

**Help**

**Name**  
The name associated with the SSN you enter must match the legal name you have given on your IRS form W9.

**Date of Birth**  
MM/DD/YYYY or click the Calendar icon to choose a date.

**SSN**  
Enter as 9 digits with or without dashes.

**Current/Previous ND Provider #**  
To enter your Current and/or Previous ND Provider #, click the 'Add Previous ND Provider #' button. Enter the required information and Save the form. Click anywhere on an existing row to update or delete the row.

**Identifying Information- Section 1**

\*Last Name Johnson \*First Name John MI Suffix Title

\*Date of Birth 12/01/1970

\*Gender  Male  Female \*Can information about date of birth and gender be available to clients?  Yes  No

\*SSN 55555555

**Note:**Your SSN will be linked to your ND Provider number. All claims paid to your ND Provider number will be submitted as income under your SSN to the IRS. If you plan to bill using your Employer Identification Number (EIN), the group through whom you plan to bill must complete a separate application and list you as an affiliated member, which links you to their EIN.

**Current/Previous ND Provider #**

? Please enter your current and/or previous ND Provider numbers.

Add Previous Provider ID

**Previous ND Provider IDs**

ND Provider ID #

**Previous Names**

Have you used any previous names in the past five years?  
 Yes  No

Continue>> Reset Save Exit Application

Step	Action
6.	The Application is displayed and can be completed
Step	Action
7.	You can click any section to continue your application
Step	Action
8.	End of Procedure.