

NORTH DAKOTA PROVIDER ENROLLMENT ATTESTATION FOR MENTAL HEALTH TECHNICIAN

Practitioner Name (printed)

NPI

As a Mental Health Technician (MHT) enrolling to provide services under the North Dakota Rehabilitative Services State Plan, I attest that I may only provide the following service(s) to Medicaid Members:

CHECK ALL THAT APPLY:

Skills Integration

I attest that I will provide the above services in accordance with the North Dakota Medicaid Behavioral Health Services Manual.

Signature of Enrolling Practitioner

Date

Provider Facility/Organization to complete:

I attest that the practitioner mentioned above will provide the above services in accordance with the North Dakota Medicaid Behavioral Health Services Manual.

Supervisor Name

Provider Facility/Organization Name

Street Address

City, State, Zip Code

Supervisor Signature

Date

Please sign and return by Email to NDMedicaidEnrollment@noridian.com or by fax to 701-433-5956, Attention: Provider Enrollment