

North Dakota Medicaid Provider Questionnaire

Medicaid ID or ATN#:	Provider Name:	Group NPI:
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To ensure billing groups are enrolled and using the most appropriate taxonomy code, North Dakota Medicaid is requesting the following questions be answered regarding the types of services that this facility provides. Please coordinate with your billing department when supplying the information below.

1. What are the services being delivered and their scope of coverage?
2. Where will the services be delivered?
3. Who is the target population you would be delivering services to?
4. What is the level of care criteria to receive the service?
5. What types of practitioners are you considering have deliver the service?

6. What are the licensing requirements of the practitioners you are considering to deliver the service?
7. Please provide a brief description of the program.

CONTACT INFORMATION FOR REQUESTOR

Name (Typed or Printed)
Email Address

Date:	
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If you should need more room to answer the questions above, please use another piece of paper and attach it. Once the questions are completed please email NDMedicaidEnrollment@noridian.com or fax to (701) 433-5956 ATT: NDM Provider Enrollment and be sure to reference your Application Tracking Number (ATN) or ND Medicaid ID number.