NORTH Dakota Be Legendary.

Health & Human Services

Provider Enrollment Coversheet

Date Submitted:	
Provider Name:	
Application Tracking Number: (New Applications only)	
Medicaid ID Number: (if applicable)	
NPI #:	
Medicare Number: (if applicable)	

Contact Person/Title:	
Phone number:	
Email:	

Document(s) submitted for: (please check all that apply)

- ☐ New Application
- ☐ Revalidation
- ☐ Reactivation
- ☐ Address Change (SFN 1299)
- ☐ Affiliation (SFN 1330)
- ☐ Change of Ownership/Controlling Interest Conviction information (SFN 1168)
- ☐ Contact Information Update
- ☐ EFT Request/Update (SFN 661)
- ☐ Name Change
- ☐ NPI Change
- ☐ Taxonomy Update (SFN 1302)
- ☐ Termination (SFN 1331)

Documents may be submitted to:

Email: NDMedicaidEnrollment@Noridian.com

Fax: 701-433-5956 ATTN: NDM Provider Enrollment

Mail: Noridian Healthcare Solutions

Attn: ND Medicaid Provider Enrollment

PO Box 6055

Fargo, ND, 58108-6055