

**ND MEDICAID PROVIDER ENROLLMENT ATTESTATION -REGISTERED NURSE FOR
BEHAVIORAL HEALTH REHABILITATIVE SERVICES**

Practitioner Name (printed)

NPI

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

CHECK ALL THAT APPLY:

Screening, Triage, and Referral Leading to Assessment
Nursing Assessment and Evaluation
Skills Training and Integration

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

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 Rehabilitative Services policy.

Supervisor Name

Provider Facility/Organization Name

Street Address

City, State, Zip Code

Supervisor Signature

Date

Printed Name of Supervisor

Please sign and return by email to NDMedicaidEnrollment@noridian.com or by fax to 701-433-5956. ATTN: NDM Provider Enrollment