ND Medicaid Provider Enrollment

Recall Application

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Medicaid Provider Enrollment

Recall Application

Procedure

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

Step	Action
1.	**If you have submitted your application you will not be able to recall the application**

Step	Action
2.	Click the **Provider Enrollment** link. Provider Enrollment

Step	Action
3.	Enter the desired information into the ***Application Tracking #** field.

Step	Action
4.	Enter the desired information into the ***SSN/EIN** field.

Step	Action
5.	Click the **Submit** button.

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.**