

Coversheet for Email or Fax Provider Enrollment

Date Submitted			
Medicaid ID/Application Tracking Number			
Provider Name			
NPI #			

Contact Person			
Phone		Ext	
Email			

Number of Pages Submitted (Including Email/Fax Coversheet):	
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Documents Submitted For (Check All That Apply):

- | | |
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| <ul style="list-style-type: none"> New Application Affiliation Taxonomy Update Change of Ownership Address Change Tax ID Change EFT Request/Update Update to Email/Fax Submitted on: | <ul style="list-style-type: none"> Revalidation Reactivation Termination Name Change Change of Managing Employees/Board Members Contact Information Change NPI Change Earlier Fax did not go through. Earlier Fax Submitted on: |
|--|---|

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