

**Commercial Non-Emergent Medical Transportation (034)
OR
Taxi Non-Emergent Medical Transportation (034-389)
Group Application Requirements**

Type of Application:

Date submitted: _____

- New Application**
- Revalidation**
- Reactivation**

Section 1: Group Information

Application Tracking # (New Applications only):	
Current Medicaid ID # (only for Revalidation and Reactivation):	
Legal Business Name:	
Organization NPI # (not required):	
Service Location:	
Billing Address:	
Mailing Address:	
Facility Phone:	
Contact person / Title:	
Contact phone number:	
Contact email:	

1. Are you enrolling any other service locations in addition to the location listed in MMIS? ****All service locations must be within the United States.*

YES NO

*If Yes- List additional service locations below (must have the same Provider Type, NPI, EIN, and billing address).

Address	City	State	Zip Code

Health & Human Services

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Provider Type 034-Transportation Services
Specialty
Taxonomy

OR

Provider Type 034-Transportation Services
Specialty 389-Taxi
Taxonomy 344600000X

This application is not associated with an emergency service. We are requesting an effective date of

This application is associated with emergent care. We are requesting an effective date of

*ND Medicaid may consider a retroactive enrollment effective date that exceeds ninety (90) days but not to exceed 365 days from the date of service for situations involving emergent care provided to a member. If the application involves an emergency service, an explanation on why enrollment was not able to be submitted within ninety (90) days from the date of service and medical notes must be sent with the application requirements. If you do not submit this information, a date beyond ninety (90) days of receipt of a completed application may not be approved.

Section 2: Required Documents:

1. Group Application Requirements

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2. CP 575 or 147C (***Not required if submitting a FEDERAL tax-exempt letter issued by the IRS**)
 - The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). The 147C is a replacement letter from the IRS verifying your Legal Business Name and Tax ID. This letter can be used in place of a CP 575. If unable to locate either of these letters, visit [Lost or Misplaced Your EIN? | Internal Revenue Service \(irs.gov\)](#) for direction.
3. IRS Tax Exempt Letter-501(C3) (***If Exempt from FEDERAL Taxes**)
 - *A State issued letter cannot be substituted. The letter must be issued by the IRS.*
 - For more information, refer to: [Governmental Information Letter | Internal Revenue Service \(irs.gov\)](#)
4. [SFN 661](#) - Electronic Funds Transfer (EFT)
 - Bank letter or voided check. If submitting a bank letter this must be on bank letterhead and include the name on the account (the name must match the Legal Business Name as it is listed on the IRS documentation), account and routing numbers, type of account and be signed by a bank official.
5. [SFN 1168](#) - Ownership/Controlling Interest and Conviction Information
 - List of Managing Employees attached to Section IV (Page 2) with dates of birth and SSNs.
 - List of Board Members attached to Section IV (page 2) with dates of birth and SSNs.
6. [SFN 615](#) - Medicaid Program Provider Agreement
 - * Must be signed and dated by a Managing Employee*
7. [SFN 620](#) – Non-Emergent Medical Transportation
8. City Issued Taxi License – *Only required for 034-389 Taxi Non-Emergent Medical Transportation Provider* - Required if your city issues licenses to Taxis (It is the responsibility of the provider to keep updated licensure information on file with the state by submitting a copy of the license to provider enrollment each time it is renewed)

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I, the undersigned owner, affirm that the vehicle used to provide transportation is in good operating order, including the brakes, lights and tires. I attest that I have the necessary vehicle insurance that covers transporting passengers for payment. I attest that I have a valid government issued driver's license and I understand that I am required to maintain a copy of the valid driver's license for every driver in their personnel file. I understand I am required to maintain current vehicle registration. I understand that failure to maintain adequate registration, valid insurance coverage, and a valid driver's license may result in termination of Medicaid enrollment.

Signature

Date

Application may be submitted by:

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

For questions concerning your application, provider enrollment can be reached at (877) 328-7098 (toll-free) or (701) 328-7098. Live support 8 a.m. - 5 p.m. CT, Monday – Friday. After hours voicemail available.