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General Individual
Application Requirements

(not for LACs, LAPCs, LBSWs, Physical Therapists, RNs, or Targeted Case Management)

Type of Application:

New Application
Revalidation
Reactivation

Date Submitted:

Section 1: Provider Information

Application Tracking # (New application only):	
Current Medicaid Id Number (only used for Revalidation and Reactivation):	
Provider Name:	
Individual NPI #:	
Service Location:	
Mailing Address:	
Billing Address:	
Facility Phone Number:	
Contact Person/Title:	
Contact Phone Number:	
Contact Email:	
Provider Phone Number:	
Provider Email:	

Enrolled Billing Group (Add Affiliation Below)

Medicaid Provider ID	Billing Group Name	Facility Phone Number

Unenrolled Billing Group. Please provide Application Tracking Number

and/or NPI (if applicable): ___________________________

No Billing Group – Practitioner is enrolling as an Ordering, Referring, or Prescribing provider only and will not have affiliations with a billing group. Check this option only if claims will not be submitted for services rendered by this practitioner – only enrolling to order, refer or prescribe.

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Provider Type, Specialty, and Taxonomy can be found here: Individual Provider Code Taxonomy.
Fill in below.

Provider Type: ____

Specialty: ____

Taxonomy: ____

2nd Specialty: ____

2nd Taxonomy: ____

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 packet. If you do not submit this information, a date beyond ninety (90) days of receipt of a completed application will not be approved.

Section 2: Required Documents

1. General Individual Application Requirements
2. Copy of license
3. Copy of DEA (if applicable)
4. NPPES Website - printout of individual NPI
5. SFN 615 - Medicaid Program Provider Agreement
   **Must be signed and dated by the Individual Provider who is applying*
6. Licensed Master Social Worker Attestation (if applicable)
7. Behavior Modification Specialist Attestation (if applicable)
8. Mental Health Technician Attestation (if applicable)
9. Behavioral Analyst (if applicable)

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Section 3: Networks (check all that apply)

Medicaid Fee For Service (traditional Medicaid)

PACE

Medicaid Expansion MCO

***Providers electing expansion services must also contact Blue Cross Blue Shield North Dakota (BCBSND) at providercontracting@bcbsnd.com to enroll with Medicaid Expansion. For additional questions, refer to the following: *Medicaid Expansion Provider Resources | BCBSND*.

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 Provider Enrollment, please contact (877) 328-7098 (tollfree) or (701) 328-7098. Live support 8 a.m. - 5 p.m. CT, Monday – Friday.