

**URGENT Medicaid Prescriber**

<b>Application Tracking #:</b>	
<b>Provider Name:</b>	

**Important: Read the following instructions. Failure to follow instructions may result in processing your application/reactivation as a lower priority.**

1. Submit the fax/email coversheet, checklist, and all supporting documents (including this page) to

[NDMedicaidEnrollment@noridian.com](mailto:NDMedicaidEnrollment@noridian.com)

- a. Email Subject Line: "Urgent, Medicaid Prescriber" or
- b. If faxing, put "Urgent, Medicaid Prescriber" on the fax coversheet.

Your documents will be reviewed for completeness. If complete, they will be processed as a priority. If the documents are incomplete, an email will be sent to the email address on the checklist requesting the necessary corrections.

Because the Department does not retain incomplete application or reactivation requests, the corrections need to be made and the ENTIRE PACKET resubmitted. All documents must be received in one email or fax.