

REQUEST TO ADD/CHANGE TAXONOMY
North Dakota Department of Human Services
Medical Services Division/Provider Enrollment

Must provide a legible copy of the provider's current license. The new taxonomy must be within the same provider type as the taxonomy used at enrollment and must be within the scope of the license.

Please add a New Taxonomy to the following provider

Name of Provider	Date
NPI	Medicaid ID (7 digits)

New Taxonomy Information

New Taxonomy	Effective Date for New Taxonomy
--------------	---------------------------------

Contact Information for Requestor

Name of Requester	Telephone Number
Email Address	

Submit by fax, email or mail to:

Fax: Providers may fax the required documentation and this form to 701-328-4030 ATT: Provider Enrollment

Email: dhsenrollment@nd.gov

Mailing Address:

Provider Enrollment
Medical Services
North Dakota Department of Human Services
600 E Boulevard Ave. Dept. 325
Bismarck, ND 58505-0250