

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):

- | | |
|--|---|
| New Application | Revalidation |
| Affiliation | Termination |
| Taxonomy Update | Name Change |
| Change of Ownership | Change of Managing Employees/Board Members |
| Address Change | Contact Information Change |
| Tax ID Change | NPI Change |
| EFT Request/Update | Earlier Fax did not go through. |
| Update to Email/Fax Submitted on: | Earlier Fax Submitted on: |

Fax to 701-328-4030 ATTN: Provider Enrollment