

Coversheet for Email or Fax Provider Enrollment

Date Submitted

Medicaid ID/Application Tracking Number	
Provider Name	
NPI #	

Contact Person	
Phone	
Email	

Number of Pages Submitted (Including Email/Fax Coversheet):	
---	--

Documents Submitted For (Check All That Apply):

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

Fax to 701-328-4030 ATTN: Provider Enrollment