

North Dakota Department of Human Services Individual Provider Application Checklists

Contents

General Individual Application Checklist (not for Physical Therapists or Targeted Case Managers) 2

Physical Therapist Checklist 3

Targeted Case Manager Checklists/Attestations (click to open)

Individual Application Checklist

(not for Physical Therapists or Targeted Case Managers)

Application Tracking #		
Provider Name		

Contact Person	
Phone	
Email	

Check List	Check																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">License*</td> <td style="width: 20%;"></td> <td style="width: 20%; background-color: yellow;">Issued:</td> <td style="width: 20%;"></td> <td style="width: 20%; background-color: yellow;">Expires:</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>DEA (If Applicable)</td> <td></td> <td style="background-color: yellow;">Issued:</td> <td></td> <td style="background-color: yellow;">Expires:</td> <td></td> <td></td> </tr> <tr> <td>Individual NPI</td> <td></td> <td colspan="2" style="background-color: yellow;">Enumeration Date:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SFN 615 (11-2017)</td> <td></td> <td colspan="4">Signed by the Individual Provider who is applying</td> <td></td> </tr> </table>	License*		Issued:		Expires:			DEA (If Applicable)		Issued:		Expires:			Individual NPI		Enumeration Date:					SFN 615 (11-2017)		Signed by the Individual Provider who is applying					
License*		Issued:		Expires:																									
DEA (If Applicable)		Issued:		Expires:																									
Individual NPI		Enumeration Date:																											
SFN 615 (11-2017)		Signed by the Individual Provider who is applying																											

PROVIDER TYPE

SPECIALTY

TAXONOMY

ND Medicaid Individual Taxonomy List

<https://www.nd.gov/dhs/info/mmis/docs/mmis-individual-provider-code-taxonomy.pdf>

Please coordinate with your billing department and any other applicable area that the Claim Submission Effective Date which you provide on this checklist is correct. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to that claim submission effective date will deny.

Claim Submission Effective Date			
Name (Requester)		Date	

*License and DEA submitted must cover the Claim Submission Effective Date and be current as of the date the application is approved.

Individual Application Checklist 022- 123- Physical Therapist

Application Tracking #				
Provider Name				
Enrolled in Medicare?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Provide Medicare ID:	
Enrolled in Medicaid in another State?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Provide Medicaid ID:	
Billing Address				
Service Address				

Are you enrolling this individual to provide physical therapy services at any other locations at this time?

YES NO

If yes, please attach a list with the addresses of all service locations (locations must already be enrolled under a group Medicaid ID)

Contact Person				
Phone				
Email				

Check List	Check					
License*	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; background-color: yellow;">Issued:</td> <td style="width: 20%;"></td> <td style="width: 20%; background-color: yellow;">Expires:</td> <td style="width: 20%;"></td> </tr> </table>		Issued:		Expires:	
	Issued:		Expires:			
DEA (If Applicable)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; background-color: yellow;">Issued:</td> <td style="width: 20%;"></td> <td style="width: 20%; background-color: yellow;">Expires:</td> <td style="width: 20%;"></td> </tr> </table>		Issued:		Expires:	
	Issued:		Expires:			
Individual NPI	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 40%; background-color: yellow;">Enumeration Date:</td> <td style="width: 40%;"></td> </tr> </table>		Enumeration Date:			
	Enumeration Date:					
SFN 615 (11-2017)	Signed by the Individual Provider who is applying					

PROVIDER TYPE	022-Respiratory, Developmental, Rehabilitative & Restorative Service Providers
SPECIALTY	123-Physical Therapist
TAXONOMY	225100000X

ND Medicaid Individual Taxonomy List

<https://www.nd.gov/dhs/info/mmis/docs/mmis-individual-provider-code-taxonomy.pdf>

Please coordinate with your billing department and any other applicable area that the Claim Submission Effective Date which you provide on this checklist is correct. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to that claim submission effective date will deny.

Claim Submission Effective Date			
Name (Requester)		Date	

*License and DEA submitted must cover the Claim Submission Effective Date and be current as of the date the application is approved.