

# North Dakota Department of Human Services Sample Affiliation Form



## REQUEST TO ADD AN AFFILIATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
MEDICAL SERVICES DIVISION/ PROVIDER ENROLLMENT  
SFN 1330 (9-2016)

The effective date of the affiliation shall be when the provider started employment at the service location provided below and licensed to provide the services. Credentialing staff must ensure the effective date is not prior to submitting the affiliation paperwork. Any date will not be considered.

**Name of Individual Practitioner being Affiliated**

**Date the Form is submitted to the Department**

The Department will not grant an effective date that is more than one year from the date this form is received.

**PCP = Only for Practitioners who provide Primary Care services**

Use the date this individual first provided services to a ND Medicaid Recipient, going back no more than one year from date this form is received by the Department

**Name of Billing Group (Facility billing for the practitioner's services)**

**Medicaid ID of Billing Group (Facility) REQUIRED**

**Billing and Mailing Addresses of the Billing Group**

**Name, Phone, and Email are all Required Fields**

Name of Provider		Date	
NPI		North Dakota Health Enterprise Number	
Service Location Address		State	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is this the Primary Service Location?		Requested Effective Date	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is this a Primary Care Provider (PCP)?		Telephone Number	
<b>Affiliate To</b>			
Billing Provider Name		Billing Provider North Dakota Health Enterprise Number	
Billing Address		City	
Mailing Address		City	State ZIP Code

Please submit the following documents:

1. Copy of Current License. North Dakota Medicaid requires providers to be licensed in the state where the provider is rendering services.
2. Copy of Current DEA (if applicable).

**Options for submitting provider enrollment documentation:**

**Electronically through a secure link:** You must request access to a secure link by emailing [dhsenrollment@nd.gov](mailto:dhsenrollment@nd.gov). Do not email documents to this address. An email will be sent back to you with a link to a secure site to send your documents.

**Fax:** Providers may fax the required documentation and this form to 701-328-1544.

**Standard Mailing Address:**

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

[dhsenrollment@nd.gov](mailto:dhsenrollment@nd.gov)

Name	Telephone Number
Email Address	