

North Dakota Department of Human Services

Terminations

When an individual is no longer providing services for a billing provider, that billing provider needs to submit a termination form (SFN 1331). Ensure the date of termination on the form is correct before submission.

Link to Termination Form (SFN 1331): <https://www.nd.gov/eforms/Doc/sfn01331.pdf>

Tips:

1. Fill out all the sections.
2. The name, phone number, and email address of the person filling and submitting the form go in the bottom. North Dakota Medicaid staff use this information to request additional information for the termination (if needed).

Submit to North Dakota Medicaid, Provider Enrollment:

1. By regular Email: dhserollment@nd.gov
2. Electronically through a secure link – For those providers that wish to send the required documentation via secure email, you must request access to a secure link by sending an email to dhserollment@nd.gov. An email will be sent back to you with a link to a secure site to send your required documents. All correspondence must include your application tracking number in order to match the documents to the enrollment application.
3. Fax – Providers may fax the required documentation to (701) 328-1544. ATT: Provider Enrollment



PROVIDER TERMINATION
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES DIVISION/ PROVIDER ENROLLMENT
 SFN 1331 (8-2017)

Name of Individual Provider John Doe	Date 1/4/2018
Individual Provider NPI 1234567890	Medicaid Provider Number 1234567

Reason for Termination (check one)

Deceased
 Moved Out of State
 Retired
 Voluntary
 Terminated

Forwarding Mailing Address of Terminated Provider 123 Any Street	City Bismarck	State ND	ZIP Code 58501
Telephone (123) 456-7890	Email JohnDoe@renderingprovider.org		

Name of Billing Provider Clinic	Medicaid Provider Number 2345678
Billing Provider NPI 2345678901	Termination Date 1/4/2018

Name of Billing Provider	Medicaid Provider Number
Billing Provider NPI	Termination Date

Name of Billing Provider	Medicaid Provider Number
Billing Provider NPI	Termination Date

Name of Billing Provider	Medicaid Provider Number
Billing Provider NPI	Termination Date

How to Submit:

Fax, email or mail this form to the following:

Fax Number: 701-328-1544

Email: dhsenrollment@nd.gov

Mailing Address:

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

Contact Information

Name Jane Doe	Telephone Number 234-567-8901
Facility Clinic	Email Address jdoe@billingprovider.org