NORTH DAKOTA MEDICAID 835 ENROLLMENT - PROVIDER

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 111 (5-2015)

This Enrollment Form is required of all North Dakota Medicaid Providers who wish to retrieve their 835 Electronic Remittance Advice (ERA) transactions.

Complete the Following (required fields are indicated with *)

* Reason for Submission Information (select ONE)	*ERA Effective Date
☐ New Enrollment ☐ Change Enrollment ☐ Cancel Enrollment	

- If a provider adds or changes the NPI, or taxonomy reported to North Dakota Medicaid Provider Enrollment, a new 835 Transaction Form is required to continue to receive the 835.
- Only **ONE** Trading Partner can be authorized per 835 transaction at a time and the authorized dates may not overlap.

BILLING PROVIDER INFORMATION

*Provider Name		Trading Partner ID
*NPI Number		*Taxonomy Code
*Provider Contact Name		
*Telephone Number	Extension	*Email Address

AUTHORIZED SIGNATURE

By completing the "Name of Person Submitting Enrollment", the submitting individual is attesting and acknowledging on behalf of North Dakota Medicaid Provider listed above that:

- He or she is authorized to complete and submit this 835 Enrollment Form.
- The information provided is accurate and true.
- North Dakota Medicaid will not exchange the 835 transactions with a Trading Partner without this Enrollment Form.
- The Trading Partner must have an active Trading Partner Agreement with North Dakota Medicaid or this 835 Enrollment Form is null and void.
- Any changes to the Providers NPI or taxonomy will require an updated 835 Enrollment Form.
- This information will be kept current by completing a new 835 Enrollment Form as necessary.

☐ I have read and agree to all the terms and conditions stated above.

*Printed Name of Person Submitting Enrollment	*Submission Date

If you have questions, please contact the North Dakota EDI Help Desk at: **1-844-848-0844** or ndmmisedi@nd.gov

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