



# NORTH DAKOTA MEDICAID HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE)

## ENTITY AUTHORIZATION OF DESIGNEE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

ECONOMIC ASSISTANCE DIVISION

SFN 386 (12-2015)

**By completing and signing this form, the Authorized Agent/Person Responsible for Managing the Entities HPE listed below authorizes individual(s) named as 'Designees' below to act on behalf of the Entity to complete HPE Applications and follow the requirements as listed in the HPE Entity Responsibility and Agreement.**

Name of Hospital/Entity	Hospital/Entity Physical Address	City	State	ZIP Code
Hospital/Entity Mailing Address (if different)		City	State	ZIP Code
Name of Authorized Agent/Person Responsible for Managing the Entities HPE		Title		
Telephone Number	Email Address			

**(Note: Please list each person the HPE Entity chooses as their Designee. If additional space is required, use additional forms)**

Name of Designee (Person to complete HPE Applications)	Telephone Number	Email Address		
If an employee of your entity:	Title		Department	
If NOT an employee of your entity:	Name of Designee's Employer	Address	City	State ZIP Code

Name of Designee (Person to complete HPE Applications)	Telephone Number	Email Address		
If an employee of your entity:	Title		Department	
If NOT an employee of your entity:	Name of Designee's Employer	Address	City	State ZIP Code

Signature of Authorized Agent/ Person Responsible for Managing the Entities HPE	Title	Date
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Return this form by mailing to:  
ND Medicaid Eligibility Policy,  
600 East Boulevard Avenue, Dept. 325  
Bismarck, ND 58505

or by faxing to: (701) 328-5406