# OUT OF STATE/OUT OF NETWORK ENROLLMENT CLARIFICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES
SFN 509 (5-2021)

Clear Fields

Medical Services has received a request from your facility to become a North Dakota Medicaid Provider. Before your enrollment can be processed, you will need to answer the questions below. Out of state or network facilities must have at least one Medicaid or Medicaid Expansion-eligible recipient they will be billing North Dakota Medicaid for services to be or already rendered.

| Patient/Recipient Name | Medicaid ID or MCO ID Number | Date of Birth |
|---|---|---|
| Address | | |
| City | State | ZIP Code |

| Brief Description and Circumstances of Services To Be or Already Rendered (this must be completed). * |
|---|
| |

| Referring Physician | Date of Service |
|---|---|

| Name of Facility Enrolling | | |
|---|---|---|
| Address Where Services Were Provided | | |
| City | State | ZIP Code |

* Please submit medical documentation to support care delivered to the North Dakota recipient, not to exceed 30 pages. Medical documentation submitted for enrollment purposes is not used to establish timely filing or claims processing.

**Submit by securemail, Fax or mail to:**

NDMedicaidEnrollment@Noridian.com (please do not send EFT information, dates of birth, or Social Security Numbers by unsecured email)

**Fax:** Providers may fax the required documentation and this form to 701-433-5956 ATTN: NDM Provider Enrollment.

**Mailing Address:** Noridian Healthcare Solutions
ATTN: ND Medicaid Provider Enrollment
PO Box 6055
Fargo, ND 58108-6055