



PROVIDER TERMINATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES DIVISION/ PROVIDER ENROLLMENT
SFN 1331 (1-2024)

Name of Individual Provider		Telephone Number
Individual Provider NPI	Medicaid Provider Number	

Reason for Termination (check one) <input type="checkbox"/> Deceased <input type="checkbox"/> Moved Out of State <input type="checkbox"/> Retired <input type="checkbox"/> Voluntary <input type="checkbox"/> Terminated				
Forwarding Mailing Address of Terminated Provider		City	State	ZIP Code
Telephone Number	Email Address			

Is provider terminating from all locations? Yes No

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

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Submit by securemail, fax, or mail to:

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

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

Mailing Address:

Noridian Healthcare Solutions
ATTN: ND Medicaid Provider Enrollment
PO Box 6055
Fargo, ND 58121-6055

Contact Information

Facility		Telephone Number
Name	Email Address	