



## URGENT Medicaid Expansion Prescriber

Application Tracking #	
Provider Name	

Answer the following:

Yes

Are you enrolling to avoid prescription denials for you Medicaid Expansion clients?

No

**Important: Read the following instructions. Failure to follow instructions may result in processing your application/reactivation as a lower priority.**

1. Submit the fax/email coversheet, checklist, and all supporting documents (including this page) to [NDMedicaidEnrollment@noridian.com](mailto:NDMedicaidEnrollment@noridian.com)
2. Use the Subject Line: "Urgent, Medicaid Expansion Prescriber"
3. If you fax the application, Write "Urgent, Medicaid Expansion Prescriber" on the fax coversheet.

Your documents will be reviewed for urgency and completeness. If complete, they will be processed accordingly. If incomplete, an email will be sent to the email address on the checklist with needed corrections. As the Department does not retain incomplete application or reactivation requests, the corrections will need to be made and the ENTIRE PACKET resubmitted. All documents must be received in one email.

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