

# North Dakota Department of Human Services

## Terminations

When an individual is no longer providing services for a billing provider, that billing provider needs to submit a termination form (SFN 1331). Ensure the date of termination on the form is correct before submission.

Link to Termination Form (SFN 1331): <https://www.nd.gov/eforms/Doc/sfn01331.pdf>

### Tips:

1. Fill out all the sections.
2. The name, phone number, and email address of the person filling and submitting the form go in the bottom. North Dakota Medicaid staff use this information to request additional information for the termination (if needed).

### Submit to North Dakota Medicaid, Provider Enrollment:

1. By regular Email: [NDMedicaidEnrollment@noridian.com](mailto:NDMedicaidEnrollment@noridian.com)
2. Electronically through a secure link – For those providers that wish to send the required documentation via secure email, you must request access to a secure link by sending an email to [NDMedicaidEnrollment@noridian.com](mailto:NDMedicaidEnrollment@noridian.com) . An email will be sent back to you with a link to a secure site to send your required documents. All correspondence must include your application tracking number in order to match the documents to the enrollment application.
3. Fax – Providers may fax the required documentation to (701) 433-5956. ATT: NDM Provider Enrollment



**PROVIDER TERMINATION**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 MEDICAL SERVICES DIVISION/ PROVIDER ENROLLMENT  
 SFN 1331 (8-2017)

Name of Individual Provider John Doe	Date 1/4/2018
Individual Provider NPI 123456/890	Medicaid Provider Number 1234567

Reason for Termination (check one)

Deceased     
  Moved Out of State     
  Retired     
  Voluntary     
  Terminated

Forwarding Mailing Address of Terminated Provider 123 Any Street	City Bismarck	State ND	ZIP Code 58501
Telephone (123) 456-7890	Email JohnDoe@renderingprovider.org		

Name of Billing Provider Clinic	Medicaid Provider Number 2345678
Billing Provider NPI 23456/8901	Termination Date 1/4/2018

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

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

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

**How to Submit:**

Fax, email or mail this form to the following:

**Fax Number:** 701-328-1544

**Email:** dhsenrollment@nd.gov

**Mailing Address:**

Provider Enrollment  
 Medical Services  
 ND Department of Human Services  
 600 E Boulevard Ave Dept 325  
 Bismarck ND 58505-0250

**Contact Information**

Name Jane Doe	Telephone Number 234-567-8901
Facility Clinic	Email Address jdoe@billingprovider.org