



**NORTH DAKOTA MEDICAID HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE)
ENTITY/REMOVAL OF DESIGNEE**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
ECONOMIC ASSISTANCE DIVISION
SFN 372 (12-2015)

By completing and signing this form, the Person Responsible for Managing the Entities HPE requests removal of the designee listed below:

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 to remove as their Designee. If additional space is required, use additional forms)

Name of Person to be Removed as Designee
Name of Person to be Removed as Designee
Name of Person to be Removed as Designee
Name of Person to be Removed as Designee

Signature of Authorized Agent/ Person Responsible for Managing the Entities HPE	Date
Title	

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