OUT OF STATE ENROLLMENT CLARIFICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES
SFN 509 (10-2018)

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 facilities must have at least one Medicaid-eligible recipient they will be billing North Dakota Medicaid for services to be or already rendered.

Patient/Recipient Name	Medicaid ID Number	Date of Birth
Address		
City	State	ZIP Code

Brief Description and Circumstances of Services 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 procssing.

Submit by securemail, Fax or mail to:

Electronically through a secure link: You must request access to a secure link by emailing dhsenrollment@nd.gov. Do not email documents to this address. An email will be sent back to you with a link to a secure site to send your documents.

Fax: Providers may fax the required documentation and this form to 701-328-1544.

Mailing Address: Provider Enrollment
Medical Services
North Dakota Department of Human Services
600 E Boulevard Ave. Dept. 325
Bismarck, ND 58505-0250