



**NORTH DAKOTA MEDICAID
ELECTRONIC REMITTANCE ADVICE (835) ENROLLMENT**
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 583 (7-2022)

* = Required Fields

PROVIDER INFORMATION

Provider Name*		Doing Business As Name (DBA)		
Provider Address:	Street Address*	City*	State/Province*	ZIP Code/Postal Code*

PROVIDER IDENTIFIER INFORMATION

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*	<input type="text"/>
National Provider Identifier (NPI)	<input type="text"/>
Other Identifier(s)	Assigning Authority North Dakota Department of Human Services Medical Services
Trading Partner ID	

PROVIDER CONTACT INFORMATION

Provider Contact Name*	
Telephone Number*	Telephone Number Extension
Email Address	Fax Number

ELECTRONIC REMITTANCE ADVICE INFORMATION

Preference for Aggregation of Remittance Data*	TIN Value	<input type="text"/>
<input type="checkbox"/> Provider Tax Identification Number (TIN)	NPI Value	<input type="text"/>
<input type="checkbox"/> National Provider Identifier (NPI)		
Method of Retrieval* <input type="checkbox"/> Provider Self (Trading Partner Required) <input type="checkbox"/> Clearing House		

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Clearinghouse Name
Clearinghouse Contact Name
Telephone Number
Email Address

SUBMISSION INFORMATION

Reason for Submission* New Enrollment Change Enrollment Cancel Enrollment

AUTHORIZED SIGNATURE

Printed Name of Person Submitting Enrollment*	
Submission Date (CCYYMMDD)	<input type="text"/>
Requested ERA Effective Date (CCYYMMDD)	<input type="text"/>

By Completing the "Printed Name of Person Submitting Enrollment", the submitting individual is attesting and acknowledging on behalf of North Dakota Medicaid Provider listed above that:

- He or she is authorized to complete and submit this 835 Enrollment Form.
- The indicated Trading Partner is authorized to receive the 835 ERA for the listed Provider.
- The Information provided is accurate and true.
- North Dakota Medicaid will not exchange the 835 transactions with a Trading Partner on behalf of Provider without this Enrollment Form.
- The Trading Partner must have an active Trading Partner Agreement with North Dakota Medicaid or this 835 Enrollment Form is null and void.
- Any changes to the Provider NPI will require an updated 835 Enrollment Form.
- This information will be kept current by completing a new 835 Enrollment Form as necessary.

* By entering an "X" in this box, means I have read and agree to all the terms and conditions stated above.

If you have questions or to check the status of this ERA enrollment, please contact the North Dakota EDI Help Desk at:
1-844-848-0844 or ndmmisedi@nd.gov

ATTN: EDI 835 Enrollment
ND Department of Human Services
600 E Boulevard Ave
Bismarck ND 58505-0250

After completing the form, save a copy, and email as an attachment to ndmmisedi@nd.gov.