GROUP ADDRESS UPDATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 1299 (1-2024)

Clear Fields

A separate enrollment is required if the new address does not use the same NPI, Tax ID, billing & mailing addresses, and provider type as the record you are requesting to update.

This request must be made by a person listed in the record as a contact, authorized representative, board member, or owner. Contact your organization administrator to ensure the requestor is showing in one of these categories in the web portal prior to submitting this form. If you have issues with your web portal accounts or passwords, please contact customer service 701-328-7098. **If the person submitting this form is not listed in our system under this record, we will not be able to process the update.**

Record to Update

North Dakota Medicaid ID (7 digits)	Name of Provider
NPI	Date Submitted

Updates to be Made

1st Address Change ☐ Add ☐ Remove				
Facility Name				
Facility Telephone Number	Facility NPI	Facility Tax ID	Facility Taxonomy	
Type of Address ☐ Service ☐ Billing ☐ Mailing		Effective Date	Is this the primary service location? ☐ Yes ☐ No	
Address		City	State	ZIP Code

2nd Address Change ☐ Add ☐ Remove				
Facility Name				
Facility Telephone Number	Facility NPI	Facility Tax ID	Facility Taxonomy	
Type of Address ☐ Service ☐ Billing ☐ Mailing		Effective Date	Is this the primary service location? ☐ Yes ☐ No	
Address		City	State	ZIP Code

CONTACT INFORMATION FOR REQUESTOR

Name	Telephone Number
Email Address	

Submit by securemail, fax, or mail to:

Fax: Providers may fax the required documentation and this form to 701-433-5956 ATTN: NDM Provider Enrollment.

Email: NDMedicaidEnrollment@Noridian.com (please do not send EFT information, dates of birth, or Social Security numbers by unsecured email)

Mailing Address:

Noridian Healthcare Solutions
ATTN: ND Medicaid Provider Enrollment
PO Box 6055
Fargo, ND 58121-6055