REQUEST TO ADD/REMOVE A SERVICE LOCATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES
SFN 1299 (10-2018)

Clear Fields

☐ Group Record ☐ Individual Record

Name of Provider	Date Submitted
NPI	Health Enterprise Number

☐ Add ☐ Remove 1st Service Location

Address	City	State	ZIP Code
Effective Date	Health Enterprise Number	Is this the primary service location? ☐ Yes ☐ No	

☐ Add ☐ Remove 2nd Service Location

Address	City	State	ZIP Code
Effective Date	Health Enterprise Number	Is this the primary service location? ☐ Yes ☐ No	

☐ Add ☐ Remove 3rd Service Location

Address	City	State	ZIP Code
Effective Date	Health Enterprise Number	Is this the primary service location? ☐ Yes ☐ No	

☐ Add ☐ Remove 4th Service Location

Address	City	State	ZIP Code
Effective Date	Health Enterprise Number	Is this the primary service location? ☐ Yes ☐ No	

CONTACT INFORMATION FOR REQUESTOR

Name	Telephone Number
Email Address	

Submit by fax, email or mail to:

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

Email: dhsenrollment@nd.gov

Mailing Address:

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