REQUEST TO ADD OR CHANGE TAXONOMY

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES DIVISION - PROVIDER ENROLLMENT
SFN 1302 (5-2026)

Click Here to Clear Field Data

Provide a legible copy of the provider's current license. The new taxonomy must be within the same provider type as the taxonomy used at enrollment and must be within the scope of the license.

ADD A NEW TAXONOMY TO THE FOLLOWING PROVIDER

Name of Provider	Date
National Provider Number - NPI	Medicaid ID - 7 Digits

NEW TAXONOMY INFORMATION

New Taxonomy Service Code	Effective Date for New Taxonomy

REQUESTOR CONTACT INFORMATION

Name of Requestor	Telephone Number
Email Address	

Submit by fax, email 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**

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