REQUEST TO ADD AN AFFILIATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION/ PROVIDER ENROLLMENT
SFN 1330 (10-2018)

Clear Fields

The Department will not grant an effective date that is more than one year from the date of receipt. Credentialing staff must ensure the effective date is correct prior to submitting the affiliation paperwork. Any future requests to change the date will not be considered.

Name of Provider	Date		
NPI	Health Enterprise Number	Telephone Number	
Service Location Address	City	State	ZIP Code
Is this the primary service location? ☐ Yes ☐ No	Requested Effective Date		

Please submit a list of all service location addresses being added for this individual at the time of this request along with their effective dates. These service locations must already be added to the Medicaid provider number of the billing provider listed below.

AFFILIATE TO

Billing Provider Name	Billing Provider Health Enterprise Number		
Billing Address	City	State	ZIP Code
Mailing Address	City	State	ZIP Code

Please submit the following documentation with this request:

1. Copy of current license. North Dakota Medicaid requires providers to be licensed in the state where the provider is rendering services.
2. Copy of current DEA license (if applicable).

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

CONTACT INFORMATION FOR REQUESTOR

Name	Telephone Number
Email Address	