REQUEST TO ADD AN AFFILIATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION/ PROVIDER ENROLLMENT
SFN 1330 (6-2021)

Clear Fields

The Department will not grant an effective date that is more than 90 days 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.

Please do no submit this form to add a service location. Individuals do not need to report changes in service locations except at initial enrollment and revalidatiion.

Please do not submit this form if requesting for Institutional Billing. Attending providers do not need to be affiliated, they only need to be enrolled and the NPI found in the database for claims processing.

Name of Rendering Provider	Date	Service Location Telephone Number

NPI of Rendering Provider	Rendering Provider Medicaid ID

Service Location Address	City	State	ZIP Code

Is this the primary service location? ☐ Yes ☐ No	Requested Effective Date

Is this the service location enrolled under the billing group? Location must already be added under the billing group before submitting this form. Use the SFN 1299 to request to add a service location to a billing group.
☐ Yes ☐ No

AFFILIATE WITH

Billing Provider Name	Billing Provider Medicaid ID (7 digits)

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).
3. List of all service locations (for Physical Therapists only).

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 (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 58108-6055

REQUESTOR CONTACT INFORMATION

Name (Typed or Printed)	Telephone Number	Email Address