PROVIDER TERMINATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION/ PROVIDER ENROLLMENT
SFN 1331 (8-2017)

Name of Individual Provider	Date
Individual Provider NPI	Medicaid Provider Number

Reason for Termination (check one)

☐ Deceased ☐ Moved Out of State ☐ Retired ☐ Voluntary ☐ Terminated

Forwarding Mailing Address of Terminated Provider	City	State	ZIP Code
Telephone	Email		

Name of Billing Provider	Medicaid Provider Number
Billing Provider NPI	Termination Date

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How to Submit:

Fax, email or mail this form to the following:

Fax Number: 701-328-1544

Email: dhsenrollment@nd.gov

Mailing Address:

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

Contact Information

Name	Telephone Number
Facility	Email Address