PROVIDER TERMINATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES DIVISION - PROVIDER ENROLLMENT
SFN 1331 (5-2026)

Click Here to Clear Field Data

Name of Individual Provider	Telephone Number
Individual Provider NPI	Medicaid Provider Number

Reason for Termination - Select One

◯ Deceased ◯ Moved out of State ◯ Retired ◯ Voluntary ◯ Terminated

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

Is provider terminating from all locations? ◯ Yes ◯ No

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

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Contact Information

Facility	Telephone Number
Name	Email Address

Submit by securemail, fax, 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 58121-6055