PROVIDER TERMINATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION/ PROVIDER ENROLLMENT
SFN 1331 (6-2021)

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 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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How to Submit:

Fax, email or mail this form to the following:

Fax Number: 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 58108-6055

Contact Information

Name	Telephone Number
Facility	Email Address