



REQUEST TO ADD/CHANGE TAXONOMY
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION/PROVIDER ENROLLMENT
SFN 1302 (5-2021)

Provide a legible copy of the provider's current license. The new taxonomy must be within the same provider type as the taxonomy used at enrollment and must be within the scope of the license.

Add a New Taxonomy to the Following Provider

Name of Provider	Date
National Provider Number (NPI)	Medicaid ID (7 digits)

New Taxonomy Information

New Taxonomy	Effective Date for New Taxonomy
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Requestor Contact Information

Name of Requestor	Telephone Number
Email Address	

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