**Maternal Opioid Misuse (MOM) Model**

**Provider Incentive Program**

**Letter of Intent Application**

**Please use the separate ‘Letter of Intent Instructions’ document to complete and sign this form as part of your application submission packet. The form and accompanying attestation should be submitted via e-mail to** **mdh.mommodel@maryland.gov****.**

|  |  |
| --- | --- |
| **Date:** |  |
| **Name:** |  |
| **Provider Type:** |  |
| **Provider Location:** |  |
| **Provider NPI:** |  |
| **Practice NPI:** |  |
| **Practice Vendor ID:\*** |  |
| **Email:** |  |
| **Phone:** |  |
| **DATA 2000 waiver status:*****(Please check one)*** | [ ] Obtained on or after January 1, 2021 (Please attach certification.) [ ]  Will obtain within 90 days of this submission |
| **Attestation Form:** | (Please submit along with this form for consideration.) |

\*Practice Vendor ID will be used to provide payment to the practice. Please contact your finance department for assistance.

**Certification of Eligibility:**

With this application, I certify that I am an eligible Medicaid-enrolled primary care provider type located in the state of Maryland and am interested in applying for this funding opportunity.

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