

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768) Monday – Friday** from **9am – 5pm.** 

All providers are required to use the electronic **P**rovider **R**evalidation and Enrollment **P**ortal, or ePREP (<u>eprep.health.maryland.gov</u>) for enrollment, information updates, provider affiliations and revalidations.

Please fill out the information below and upload the completed addendum to the "Additional Information" section under "Practice Information" within the ePREP (<u>eprep.health.maryland.gov</u>) "Applications" tab, along with any additional documents requested within the addendum.

Note: Please complete this addendum only if you are a Physician or Nurse Midwife, and if your affiliated group has received approval from the Centering Healthcare Institute to provide Centering group care

## **Provider Information**

NPI:

SSN:

MA Provider Number (if already enrolled in Maryland Medicaid):

Please visit health.maryland.gov/ePREP for more information about ePREP



Addendum for Maryland Medical Assistance Program Application CenteringPregnancy

CenteringPregnancy

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Please upload this form to the "Additional Information" section under "Practice Information" within the ePREP (eprep.health.maryland.gov) "Applications" tab.

• Please upload a copy of your affiliated group's Centering Healthcare Institute Centering Pregnancy approval letter to the ePREP application