



**Addendum Cover Page for Maryland
Medical Assistance Program Application
FACILITY/ORGANIZATION
PT 06 Special Other Acute Hospital – Psychiatric**

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 **Provider Revalidation and Enrollment Portal**, or ePREP (eprep.health.maryland.gov) 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 (eprep.health.maryland.gov) “Applications” tab, along with any additional documents requested within the addendum.

Provider Information

NPI:

Tax ID:

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

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



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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, along with any additional applicable supporting documents requested below.

Section I:

Please upload the following document to [ePREP](http://eprep.health.maryland.gov) :

1. A copy of your National Council for Prescription Drug Programs (NCPDP) certification, if applicable

Section II:

Please respond to all questions below and upload any applicable documents to [ePREP](http://eprep.health.maryland.gov):

1. Will you be rendering x-ray services or other radiology services?

☐ YES

☐ NO

- If yes, please include a copy of your Radiation Machine Facility Registration and Certification issued by the Maryland Department of Environment or an x-ray certification from the state in which you practice in your upload.

2. Does the facility include a trauma center?

☐ YES

☐ NO

- If yes, please include a copy of your trauma center certification and level designation issued by the Maryland Institute for Emergency Medical Services Systems in your upload.

3. Is the facility outside the state of Maryland or the District of Columbia?

☐ YES

☐ NO

- If yes, please include a copy of your host state’s Medicaid reimbursement rates in your upload.