

**Provider Information** 

## Addendum Cover Page for Maryland Medical Assistance Program Application FACILITY/ORGANIZATION PT 07 SPECIAL OTHER CHRONIC HOSPITAL

If you have questions, please contact the Provider Enrollment Helpline at 1-844-4MD-PROV (1-844-463-7768)

Monday – Friday from 7am – 7pm.

All providers are required to use the **e**lectronic **P**rovider **R**evalidation and **E**nrollment **P**ortal, or ePREP (<a href="mailto:eprep.health.maryland.gov">eprep.health.maryland.gov</a>) 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 (<a href="mailto:eprep.health.maryland.gov">eprep.health.maryland.gov</a>) "Applications" tab, along with any additional documents requested within the addendum.

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

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



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## Section I:

Please upload the following documents to <a href="mailto:ePREP">ePREP</a>:

- 1. A copy of your JCAHO certification
- 2. A copy of your NCPDP certification, if applicable

1. Will you be rendering physical rehabilitation services?

## Section II:

Please respond to the question below and upload the document (if applicable) to ePREP:

	,		
	YES	NO	
	If yes, please include a copy of your	r CARF certification	
2.	Will you be rendering x-ray 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 the Environment or x-ray certification from the state in which you practice in your upload.