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 **e**lectronic **P**rovider **R**evalidation and **E**nrollment **P**ortal, 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 (if already enrolled in Maryland Medicaid):

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

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 :

1. 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
2. A copy of your CLIA and state Lab Permit

Section II:

Please respond to all questions pertaining to urgent care requirements below:

1. Do you provide x-ray services for your patients?

   ☐ YES   ☐ NO

2. Do you provide lab services for your patients?

   ☐ YES   ☐ NO

3. Are patients being seen without an appointment during all hours of operation?

   ☐ YES   ☐ NO

4. During hours of operation will a supervising physician be available for consultation either in-person or via telehealth?

   ☐ YES   ☐ NO

5. During hours of operation have at least one qualified physician, certified nurse practitioner, or physician assistant present?

   ☐ YES   ☐ NO