MARYLAND
Department of Health

Addendum for Maryland Medical Assistance Program Application FACILITY/ORGANIZATION

PT 38 GENERAL CLINIC

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

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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 respond to all questions below and upload any applicable documents to ePREP:

1. Will you be rendering x-ray 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.

3. Is this location a pain management clinic that will be rendering toxicology tests?

☐ YES ☐ NO

- If yes, please upload the following documents to ePrep, and complete the information on the following pages:
    1. A copy of your MDH Office of Health Care Quality Medical Laboratory Permit
    2. CMS CLIA Certificate of Compliance
    3. License for at least one physician board certified in pain medicine, anesthesia, or physical medicine and rehabilitation, **or**
    4. A resume for at least one physician documenting completion of ACGME/AOA accredited residencies in anesthesiology, physical medicine and rehabilitation, or neurology; and at least five years performing the principle practice of the specialty of Pain Medicine.

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CONTACT INFORMATION The contact name and email related to the person who can answer questions about the information provided in this addendum.	
Contact Name	Position/Title
Telephone	E-Mail Address
CLINIC DIRECTOR INFORMATION	
Clinic Director Name	
Clinic Director Telephone	Clinic Director E-Mail Address

POLICY AND PROCEDURES	
NOTE: Clinic services must be furnished by or under the direction of a physician. Services may be furnished outside the clinic by personnel under the direction of a physician to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address, in accordance with 42 CFR § 440.90.	
I have attached a copy of the clinic's policy and procedures pertaining to patient care (intake, treatment planning, etc.) quality assurance, maintenance and confidentiality of records.	☐ YES

SERVICES PROVIDED Please attach additional pages if necessary.
Brief Description of Services Provided

ADMINISTRATIVE STAFF Please attach additional pages if necessary.	
Name	Position
Name	Position
Name	Position
Name	Position

CLINICAL STAFF Attach additional pages if necessary.		
For all clinical staff, please attach a copy of their current Maryland License. If there is clinical staff that is not licensed, please attach a copy of their current resume. For each physician or nurse practitioner who is under contract to the clinic, please send a copy of the current fully executed copy of that contract.		
First Name	Last Name	Middle Initial
Position	Clinic Work Hours	
First Name	Last Name	Middle Initial
Position	Clinic Work Hours	
First Name	Last Name	Middle Initial
Position	Clinic Work Hours	
First Name	Last Name	Middle Initial
Position	Clinic Work Hours	