



**MARYLAND**  
Department of Health

**Addendum for Maryland  
Medical Assistance Program Application  
GROUP**

**GENDAR AFFIRMING TREATMENT**

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

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All providers are required to use the electronic Provider Revalidation and Enrollment Portal, or ePREP ([eprep.health.maryland.gov](http://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](http://eprep.health.maryland.gov)) “Applications” tab, along with any additional documents requested within the addendum. Visit [health.maryland.gov/ePREP](http://health.maryland.gov/ePREP) for more information about ePREP.

**Provider Information**

Group Name:

Tax ID:

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

Please visit [health.maryland.gov/ePREP](http://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](http://eprep.health.maryland.gov)) “Applications” tab.

Please check all services that you intend to provide and upload this form to ePREP ([eprep.health.maryland.gov](http://eprep.health.maryland.gov)).

X	Service	Required Documentation
<input type="checkbox"/>	Electrology Services	Electrology Licensure - Complete Section 2 below
<input type="checkbox"/>	Medical Tattooing Procedures	Complete Section 3 below*

**Section 2: Electrology Services**

Please complete the following:

Electrology Group Attestation of Licensure:

- I attest that each electrologist within my organization has received the electrologist license from, and is currently in good standing with, the Maryland Board of Nursing.

**Section 3: Medical Tattooing Procedures**

Please complete the following:

Medical Tattooing Group Attestation of Licensure:

- I attest that each medical tattoo artist within my organization has met all requirements for the county or counties in which they operate.