



**MARYLAND**  
Department of Health

**Addendum for Maryland  
Medical Assistance Program Application  
Electrology Services and Medical Tattooing Procedures  
INDIVIDUAL**

**GENDER AFFIRMING TREATMENT**

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](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.

**Steps for Creating New Enrollment Application for Gender Affirming Care:**

1. I'm new to Maryland Medicaid and I do not have an NPI or Provider ID
2. Select the Atypical Provider Option
3. Enter your Business Profile Name
4. Applications tab --> New Application
5. I'm new to Maryland Medicaid, and I want to create a new application
6. I'm a Facility, Clinic, Health Care Organization or Waiver Provider.
7. Select your enrollment type - Solo Practitioner
8. Provider Type: Gender Affirming Care

**Provider Information**

Provider Name (First and Last):

SSN:

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, as well as a copy of the corresponding requirement(s) for each of the services checked, 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:

Individual Electrologist Attestation of Licensure:

- I attest that I have received the electrologist license from, and am currently in good standing with, the Maryland Board of Nursing.
- License #: \_\_\_\_\_

**Section 3: Medical Tattooing Procedures**

I attest that I have met all requirements for the county or counties in which I operate, as indicated on page 3 (check all that apply):



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Gender Affirming Treatment**

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- Allegany
- Anne Arundel
- Baltimore City - License required.  
Enter # here: \_\_\_\_\_
- Baltimore County
- Calvert
- Caroline
- Carroll
- Cecil
- Charles
- Dorchester
- Frederick
- Garrett

- Harford
- Howard
- Kent
- Montgomery
- Prince George's
- Queen Anne's
- St. Mary's
- Somerset
- Talbot
- Washington
- Wicomico
- Worcester - License required.  
Enter # here: \_\_\_\_\_