

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 **P**rovider **R**evalidation and Enrollment **P**ortal, or ePREP (<u>eprep.health.maryland.gov</u>) 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 (<u>eprep.health.maryland.gov</u>) "Applications" tab, along with any additional documents requested within the addendum.

Provider Information

NPI:

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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*Important Enrollment Note for Ordering, Referring, Prescribing (ORP) Providers:

ORP providers are not eligible for reimbursement by Maryland Medicaid. Providers who wish to submit claims to Maryland Medicaid for covered services must enroll to their full professional license level.

Please be aware that if you choose to enroll as an ORP provider rather than enrolling as a fully licensed provider, you will not be able to bill for services. If you wish to seek reimbursement as a fully licensed provider, please enroll as the provider type applicable to your license.

If your intention is to enroll with Maryland Medicaid only to order, refer, and/or prescribe services to Maryland Medicaid participants, please continue the enrollment process as an ORP provider.

Section I:

Please respond to the statement below and upload to ePREP:

1. Are you a fully licensed provider?



• If yes, please initial the statement below:

______ I intend to enroll with Maryland Medicaid for the sole purpose of ordering, referring and/or prescribing services to Maryland Medicaid participants and understand that if I wish to seek reimbursement for rendering services on behalf of a group, I must enroll as I fully licensed provider.