

Addendum for Maryland Medical Assistance Program Application GROUP

PT DL DOULA/BIRTH WORKER

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:

Tax ID:

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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Attestation of Liability Insurance [Check one]

- □ Yes, **my organization** requires adequate liability insurance for each doula.
- 🛛 No

Attestation of Fingerprint Criminal Background Check Completion

□ I understand that all doula providers have passed a Fingerprint Criminal Background Check (FCBC).