



**MARYLAND**  
Department of Health

**Addendum Cover Page for Maryland  
Medical Assistance Program Application  
FACILITY/ORGANIZATION**

**PT 08 URGENT CARE CENTER**

---

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.

**Provider Information**

NPI:

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



**Addendum Cover Page for Maryland  
Medical Assistance Program Application  
FACILITY/ORGANIZATION**

**PT 08 URGENT CARE CENTER**

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

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, along with any additional applicable supporting documents requested below.

**Section I:**

Please upload the following document to [ePREP](#) :

1. A copy of your Radiation Machine Facility Registration and Certification issued by the Maryland Department of the Environment or x-ray certification from the state in which you practice

**Section II:**

Please respond to all questions below:

1. Do you provide x-ray services for your patients?

YES

NO

2. Do you provide lab services for your patients?

YES

NO

3. Are patients being seen without an appointment during all hours of operation?

YES

NO

4. During hours of operation will a supervising physician be available for consultation either in-person or via telehealth?

YES

NO

5. During hours of operation have at least one qualified physician, certified nurse practitioner, or physician assistant present?

YES

NO