



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) 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) “Applications” tab, along with any additional documents requested within the addendum. Visit health.maryland.gov/ePREP for more information about ePREP.

Provider Information

Provider Name (First and Last):

SSN:

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

Please visit 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) “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).

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 #: _____



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Gender Affirming Treatment

Section 3: Medical Tattooing Procedures

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

- | | |
|--|---|
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Harford |
| <input type="checkbox"/> Anne Arundel | <input type="checkbox"/> Howard |
| <input type="checkbox"/> Baltimore City - License required.
Enter # here: _____ | <input type="checkbox"/> Kent |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Calvert | <input type="checkbox"/> Prince George's |
| <input type="checkbox"/> Caroline | <input type="checkbox"/> Queen Anne's |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> St. Mary's |
| <input type="checkbox"/> Cecil | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Charles | <input type="checkbox"/> Talbot |
| <input type="checkbox"/> Dorchester | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Frederick | <input type="checkbox"/> Wicomico |
| <input type="checkbox"/> Garrett | <input type="checkbox"/> Worcester - License required.
Enter # here: _____ |