



MARYLAND
Department of Health

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

PT T1 AMBULANCE COMPANY

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**
Monday – Friday from 7am – 7pm.

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.

Provider Information

NPI:

Tax ID:

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

Please visit health.maryland.gov/ePREP for more information about ePREP



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Section I:

Please select the applicable document and include in your upload to [ePREP](#):

If Maryland or Out of State Commercial Ground Ambulance, Rotary Wing, or Fixed Wing Air Ambulance:

- A copy of your Maryland Commercial Ambulance Service License. If you provide services in a state other than Maryland, please include a copy of your Commercial Ambulance License from the respective state agency that licenses ambulance services in the state where you practice.

If Maryland Municipal Fire Department, Volunteer Fire Department, Volunteer EMS Service, or Volunteer Rescue Squad:

- A copy of your emergency medical services authorization letter from the Office of the Attorney General.

If an Out of State Municipal Fire Department, Volunteer Fire Department, Volunteer EMS Service, or Volunteer Rescue Squad:

- A copy of your ambulance license from the respective state agency that licenses ambulance services.