



MARYLAND
Department of Health

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

PT 34 FQHC

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



Addendum for Participation in Maryland Medical Assistance Program Application FACILITY/ORGANIZATION

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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, along with any additional applicable supporting documents requested below.

Section I:

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

1. A copy of your HRSA Grant Award for this location

Section II:

Please respond to all questions below and upload any applicable documents to [ePREP](#):

1. Is this location an MSDE approved School-Based Health Center (SBHC)?

YES

NO

- If yes, please include a copy of your MSDE issued SBHC Application Approval in your upload.

2. Will you be rendering x-ray services?

YES

NO

- If yes, please include a copy of your Radiation Machine Facility Registration and Certification issued by the Maryland Department of Environment or an x-ray certification from the state in which you practice in your upload.