



MARYLAND
Department of Health

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

PT 62 DMS/DME

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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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 check the box for each service you provide:

- Glucose Monitor & Supplies
- Footwear
- Equipment Purchase
- Equipment Rental
- Hearing Aides/Cochlear Implants
- Oxygen
- Related Respiratory Equipment

***Be sure to include a copy of your license or certification from the appropriate board or authority for each service you provide**

Section II:

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

1. A copy of your license or certification from the appropriate board or authority for each service you provide
2. A copy of your Medicare approval letter from CMS
3. A copy of your Accreditation Commission for Health Care issued Certificate of Accreditation
4. Completed RSA Survey Form (attached)

Section III:

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

1. Will you be rendering home services?

YES

NO

- If yes, please include a copy of your OHCC issued Residential Services Agency license in your upload.



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Maryland Medical Assistance DMS/DME/Oxygen and Related Respiratory Services Residential Services Agency (RSA) Survey Form

All Maryland Medical Assistance providers of disposable medical supplies, durable medical equipment and oxygen and related respiratory services must complete and return this form. Failure to return this document will result in suspension from Maryland Medicaid.

I certify that this organization: does
 does not

provide any services below of DMS/DME/Oxygen to Medical Assistance recipients in their residence:

- ✓ Delivery/pick-up
- ✓ Installation
- ✓ Training
- ✓ Maintenance/repair
- ✓ Replacement

If your organization provides these services, please attach a copy of your current RSA license to your provider application, also faxing a copy to: (410)333-5052- Attn: Karen Gaines. If your organization begins the provision of any of the above-mentioned services, it is your responsibility to obtain RSA licensure, and to fax a copy of the license to the Program. Feel free to contact Ms. Gaines at (410)767-1739 with any questions. For questions about obtaining a RSA, please call the Office of Healthcare Quality at (410)402-8000.

Organization Name/Address: _____

MA Provider Number/NPI: _____

Print Name/Contact #: _____

Signature: _____