



MEDICAID NORTH DAKOTA (MCDND) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- North Dakota Medicaid 835 Enrollment Form

WHERE SHOULD I SEND THE FORM(S)?

- Email to ndmmisedi@nd.gov; OR
- Fax to (701) 328-6062, Attn: EDI-835

HOW DO I CHECK STATUS?

- Call the EDI department at (844) 848-0844 or email ndmmisedi@nd.gov to check on your ERA enrollment status.



NORTH DAKOTA MEDICAID
ELECTRONIC REMITTANCE ADVICE (835) ENROLLMENT
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES DIVISION
 SFN 583 (4-2017)

Clear Fields

* = Required Fields

PROVIDER INFORMATION

Provider Name*		Doing Business As Name (DBA)		
Provider Address:	Street Address*	City*	State/Province*	ZIP Code/Postal Code*

PROVIDER IDENTIFIER INFORMATION

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*		[Grid]									
National Provider Identifier (NPI)		[Grid]									
Other Identifier(s)		Assigning Authority North Dakota Department of Human Services Medical Services									
Trading Partner ID ND248482											

PROVIDER CONTACT INFORMATION

Provider Contact Name*	
Telephone Number*	Telephone Number Extension
Email Address	Fax Number

ELECTRONIC REMITTANCE ADVICE INFORMATION

Preference for Aggregation of Remittance Data*		TIN Value									
<input type="checkbox"/> Provider Tax Identification Number (TIN)		[Grid]									
<input type="checkbox"/> National Provider Identifier (NPI)		NPI Value									
<input type="checkbox"/> NPI		[Grid]									
Method of Retrieval* <input type="checkbox"/> Provider Self (Trading Partner Required) <input checked="" type="checkbox"/> Clearing House											

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Clearinghouse Name Office Ally, Inc	
Clearinghouse Contact Name Customer Service	
Telephone Number (360) 975-7000	
Email Address support@officeally.com	

SUBMISSION INFORMATION

Reason for Submission* New Enrollment Change Enrollment Cancel Enrollment

AUTHORIZED SIGNATURE

Printed Name of Person Submitting Enrollment*	
Submission Date (CCYYMMDD)	[Grid]
Requested ERA Effective Date (CCYYMMDD)	[Grid]

By Completing the "Printed Name of Person Submitting Enrollment", the submitting individual is attesting and acknowledging on behalf of North Dakota Medicaid Provider listed above that:

- He or she is authorized to complete and submit this 835 Enrollment Form.
- The indicated Trading Partner is authorized to receive the 835 ERA for the listed Provider.
- The Information provided is accurate and true.
- North Dakota Medicaid will not exchange the 835 transactions with a Trading Partner on behalf of Provider without this Enrollment Form.
- The Trading Partner must have an active Trading Partner Agreement with North Dakota Medicaid or this 835 Enrollment Form is null and void.
- Any changes to the Provider NPI will require an updated 835 Enrollment Form.
- This information will be kept current by completing a new 835 Enrollment Form as necessary.

* By entering an "X" in this box, means I have read and agree to all the terms and conditions stated above.

If you have questions or to check the status of this ERA enrollment, please contact the North Dakota EDI Help Desk at:

1-844-848-0844 or ndmmisedi@nd.gov

ND Department of Human Services

600 E Boulevard Ave

Attn: DHS North EDI 835

Bismarck ND 58505-0250

Fax: 701-328-6062 Att: EDI 835

[Click here to email form](#)