MEDICAID NORTH DAKOTA (MCDND) ERA ENROLLMENT INSTRUCTIONS

WHAT 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 ndmmisedi@nd.gov to check on your ERA enrollment status.