

# 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](mailto: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](mailto:ndmmisedi@nd.gov) to check on your ERA enrollment status.