



MARYLAND  
Department of Health

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

**PT 05 CHRONIC HOSPITAL**

---

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](http://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](http://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](http://health.maryland.gov/ePREP) for more information about ePREP



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

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**  
**Monday – Friday from 7am – 7pm.**

Please upload this form to the “Additional Information” section under “Practice Information” within the ePREP ([eprep.health.maryland.gov](http://eprep.health.maryland.gov)) “Applications” tab, along with any additional applicable supporting documents requested below.

**Section I:**

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

1. A copy of your JCAHO certification
2. A copy of your NCPDP certification, if applicable

**Section II:**

Please respond to the question below and upload the document (if applicable) to [ePREP](#):

1. Will you be rendering physical rehabilitation services?

YES

NO

- If yes, please include a copy of your CARF certification

2. Will you be rendering x-ray or other radiology services?

YES

NO

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