

**Provider Information** 

## Addendum for Maryland Medical Assistance Program Application GROUP

## PT DL DOULA/BIRTH WORKER

If you have questions, please contact the Provider Enrollment Helpline at 1-844-4MD-PROV (1-844-463-7768)

Monday – Friday from 9am – 5pm.

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 (<a href="mailto:eprep.health.maryland.gov">eprep.health.maryland.gov</a>) "Applications" tab, along with any additional documents requested within the addendum.

IDI	
NPI:	
Tax ID:	
NAA Drovidor	Number (if already enrolled in Maryland Medicaid):
IVIA PIOVIGEI	Number (ii already emolied in Maryland Medicaid).

Please visit <a href="health.maryland.gov/ePREP">health.maryland.gov/ePREP</a> for more information about ePREP



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below.		
Attestation of Liability Insurance [Check one]  Note: Applicants do not need to submit proof of insurance, only attest that they have it.		
Yes, my organization requires adequate liability insurance for each doula.		
□ No.		
Attestation of Fingerprint Criminal Background Check Completion (FDBC)  Note: Applicants do not need to submit a copy of the FCBC, only attest that it has been completed.		
☐ I understand that all doula providers have passed a Fingerprint Criminal Background Check (FCBC).		