



**MARYLAND**  
Department of Health

**Addendum for Maryland  
Medical Assistance Program Application  
INDIVIDUAL**

**PT 14 DENTAL**

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

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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:

SSN:

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



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**Please respond to the question below:**

1. Are you rendering services in an FQHC?

YES

NO

- If yes, please provide the name, Maryland Medical Assistance Provider Number, and NPI of the FQHC in which you render services:

FQHC Name: \_\_\_\_\_

Maryland Medical Assistance Provider Number: \_\_\_\_\_

NPI: \_\_\_\_\_

\*\*SKYGEN USA is the Administrative Service Organization (ASO) for the Maryland Healthy Smiles Dental Program (MHSDP). Please contact the SKYGEN USA Network Development Team at (800) 508-6965 or at Network Development @skygenusa.com after you receive your Medical Assistance approval to ensure all payee information has been provided.\*\*