



MARYLAND
Department of Health

**Addendum for Maryland
Medical Assistance Program Application
School Based Health Center**

School Based Health Center

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 (eprep.health.maryland.gov) “Applications” tab, along with any additional documents requested within the addendum.

Note: This addendum only needs to be completed if your group is a sponsoring agency for an MSDE approved School Based Health Center (SBHC). Please complete this addendum only if you are a Physician Group, Nurse Practitioner Group, FQHC, LHD, or General Clinic adding a new SBHC location or updating location information for an existing SBHC.

1. Sponsoring Agency/Billing Provider Information

NPI:

Tax ID:

MA Provider Number (if already enrolled in Maryland Medicaid):

2. SBHC Location Information:

Check One: ___ This is a new SBHC ___ This a location change for an existing SBHC

SBHC Name		
Street Address		Suite/Department/Floor
City	State	Zip Code



MARYLAND
Department of Health

**Addendum for Maryland
Medical Assistance Program Application
School Based Health Center**

School Based Health Center

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**
Monday – Friday from 9am – 5pm.

- 3. Please attach your MSDE issued SBHC Application Approval in your upload.**