



## DEPARTMENT OF HEALTH CARE FINANCE

Dear Provider:

Enclosed is the District of Columbia Medicaid provider enrollment application solely used for providers who order/prescribe reimbursable services to Medicaid-eligible recipients. Please complete the application form in its entirety to include the submission of National Provider Identification (NPI) verification, licensure, Drug Enforcement Agency (DEA) number and liability insurance information. Failure to include signatures on the form and copies of all necessary attachments will delay the processing of your application. Please note that providers who enrolled as ordering / prescribing providers only will not receive payment for any claims submitted, and will not be part of the Medicaid-eligible providers' directory.

**Physician/non-physician groups, hospitals and clinics may submit an application on behalf of the individual providers if it is too burdensome for the entity to coordinate with the providers to complete the form. Please include Attachment 1 (Individual Provider Information) along with the application.**

Return the completed and signed application and attachments to:

**Department of Health Care Finance  
Health Care Operations Administration  
Attn: Provider Enrollment and Outreach Branch  
One Judiciary Square  
441 4th Street, NW  
10th Floor  
Washington, DC 20001**

After receipt and approval of your application, you will be notified by mail of your District of Columbia Medicaid provider number. If you have any questions regarding this enrollment packet, please call the Provider Enrollment and Outreach Branch at 202-698-2000.

Sincerely,

Provider Enrollment and Outreach Branch  
Division of Public and Private Provider Services  
Health Care Operations Administration