



Provider Enrollment Checklist

Before mailing your provider enrollment forms to DMAP, make sure you have completed the following. Your application will be returned or denied if you do not submit all completed forms with requested documentation.

Items marked with an asterisk (*) require an original signature (no copies, faxes, or signature stamps). Please retain a copy of all documents for your records.

All required forms:

- DHS 3972 – Provider Enrollment Request
- DHS 3973* – Disclosure Statement for Individual Practitioners OR
DHS 3974* – Disclosure Statement of Ownership and Control Interest
- Provider Enrollment Attachment for your provider type (if applicable)
* School Medical and Targeted Case Management attachments require an original signature.
- DHS 3975* – Provider Enrollment Agreement

All required documentation requested on the required forms, such as:

- Copy of current professional or business license(s).
- Copy of IRS confirmation letter showing your Tax ID number and the associated name. DHS will also accept a copy of your Federal Tax Deposit Coupon (Form 941-V).
- Out-of-state providers:** Attach the claim(s) and copy of business/professional license that covers the dates of service on the claim(s).

If you want to receive DHS payments electronically, also send:

- A completed Direct Deposit Authorization Form (DMAP 3077)*
- Copy of voided check or official letter from bank for the purpose of verifying your direct deposit information. **DHS will not accept deposit slips.**

If you want to do business with DHS via Electronic Data Interchange, also send:

- A completed EDI Registration Packet (DHS 2080 Packet)* - This packet includes the Trading Partner Agreement (DHS 2080), Exhibit A (DHS 2081) and Exhibit B (DHS 2082).
- A completed NPI Registration Form (DMAP 1038) – This allows DHS to match your NPI and taxonomy codes with your new 6-digit DHS provider number.