



**DME Provider Outreach and Education Advisory Group
JD Membership Application**

Name: _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone number (with area code): _____

E-mail: _____

Supplier Number (PTAN): _____

Specialty or Specialties:

Comments:

Send completed application to one of the following

E-mail: dmewebinars@noridian.com

Fax: 701-433-5957 Attn: DME POE Advisory Group

Mail: Noridian Healthcare Solutions Attn: DME POE Advisory Group
PO Box 6727 Fargo, ND 58108-6727