

Out-of-Area Residence Form

For members who reside outside the Sanford Health Plan service area our network expands to include access to Multiplan’s nationwide network. Please review eligibility requirements and if eligible, please complete this verification form to ensure continued access to these nationwide providers and facilities for accurate processing of your claims.

If you are enrolled in a Sanford TRUE plan, you or any family members are not eligible for access to the nationwide network of providers and facilities.

ELIGIBILITY REQUIREMENTS:

- ✓ The member must have a permanent residence outside the Sanford Health Plan service area.
- ✓ The member is a college student or dependent who resides outside the Sanford Health Plan service area.

SANFORD HEALTH PLAN SERVICE AREA:

South Dakota: All counties in the state.

North Dakota: All counties in the state.

Iowa: Clay, Dickinson, Emmet, Ida, Lyon, O’Brien, Osceola, Plymouth, Sioux and Woodbury counties.

Minnesota: Becker, Beltrami, Big Stone, Blue Earth, Brown, Chippewa, Clay, Clearwater, Cottonwood, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Kittson, Lac Qui Parle, Lake of the Woods, Lincoln, Lyon, Mahnomon, Marshall, Martin, McLeod, Meeker, Murray, Nicollet, Nobles, Norman, Otter Tail, Pennington, Pipestone, Polk, Pope, Red Lake, Redwood, Renville, Rock, Roseau, Sibley, Stearns, Stevens, Swift, Traverse, Wilkin, Watonwan and Yellow Medicine counties.

INSTRUCTIONS:

- ✓ Complete and submit this form to Sanford Health Plan to validate that you meet criteria to have access to MultiPlan’s nationwide network of providers and facilities at an in-network level. You will be informed of our decision within **14** business days after we receive your request.
- ✓ Return this form to Sanford Health Plan every 12 months within 30 days of enrollment, plan renewal or change, or if you relocate to outside the service area to ensure the appropriate access to providers is in place.
- ✓ If you change plans, access to MultiPlan’s national network will be discontinued until access is re-requested or determined to be appropriate.

SUBSCRIBER INFORMATION:

Subscriber Name: _____ Subscriber Number: _____

Please complete for each member requesting out-of-area coverage. Please use an additional form if necessary.

1. Member Name: _____

Out-of-Area Address: _____ City: _____

County: _____ State: _____ ZIP: _____

Reason for Out-of-Area Address:

- Employee permanently resides outside the SHP service area.
- Member resides with another parent/guardian
- Member is attending school, school name, city & state: _____
- Other: _____

2. Member Name: _____

Out-of-Area Address: _____ City: _____

County: _____ State: _____ ZIP: _____

Reason for Out-of-Area Address:

- Employee permanently resides outside the SHP service area.
- Member resides with another parent/guardian

- Member is attending school, school name, city & state: _____
- Other: _____

3. Member Name: _____
Out-of-Area Address: _____ City: _____
County: _____ State: _____ ZIP: _____
Reason for Out-of-Area Address:
 Employee permanently resides outside the SHP service area.
 Member resides with another parent/guardian
 Member is attending school, school name, city & state: _____
 Other: _____

NOTE: When the member returns to the Sanford Health Plan Service Area, please contact us as soon as possible so we can update your records accordingly.

Policyholder Signature: _____ **Date:** ____/____/____

Return this form to Sanford Health Plan, Attention: Enrollment PO Box 91110, Sioux Falls, SD 57103, fax to (605) 328-6812 or send electronically by email to shpbillingandenrollment@sanfordhealth.org

Questions? Our Customer Service team is available Monday through Friday from 8 a.m. to 5 p.m. CST at (800) 752-5863 (TTY: 711).