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Requested Transactions:

- X12 270/271
- X12 820
- X12 277ca
- X12 834 *2
- X12 276/277

- X12 997/999
- X12 837 Professional *1
- X12 837 Institutional *1
- X12 837 Dental *1

- X12 837 Dental *1
- HSA/HRA/FSA

*1 Will you be using a clearing house (yes/no)? _____

*2 Will you be sending Full or ACD files? _____

Frequency of Files (Daily/Weekly/Bi-weekly/Monthly)? _____

Complete all below: *Complete all fields*

Group Name: _____

Vendor Name: _____

Vendor Address: _____

City _____ State _____ Zip Code _____

Technical Contact Business name: _____

Technical representative name: _____ Phone number: _____

Technical representative email address: _____