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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

*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: _____