



Sandhills Center for MH, DD & SAS

EDI Request or Termination Form

This form must be completed by the Provider for the purposes of establishing or terminating the receipt of the 835 Electronic Remittance Advice and 837 Institutional or Professional Claims files. It is a requirement that the form be completed and signed off by the Provider.

Only one Tax ID number may be identified per form.

STEP 1: Action Requested:

Action: Request 835 set up Cancel 835 set up Change 835 set up
 Request 837I set up Cancel 837I set up Change 837I set up
 Request 837P set up Cancel 837P set up Change 837P set up

Set-up (check one) 835 Direct to Provider (continue to Step 3)
 835 Direct to Clearinghouse or Billing agency (complete Steps 2 & 3)

Please Print Legibly

STEP 2: Clearing House Information

Effective Date: From: _____ To: _____
 Clearinghouse Name: _____
 Sandhills Center Submitter ID: _____
 Contact Name: _____ Email: _____
 Telephone Number: _____ Fax Number: _____

STEP 3: Provider Information

Date: _____ Sandhills Center Submitter ID: _____
 Provider Name: _____
 Contact Name: _____ Email: _____
 Contact Signature (required if sending via email): _____
 Address: _____
 Telephone Number: _____ Fax Number: _____
 Printed Name of Provider Signature: _____
 Tax ID: _____ Group NPI: _____ Individual NPI: _____
 Medicaid Provider Number: _____

Acknowledgement:

If sending electronically, check this box as acknowledgement as an electronic signature.

Return by eMail to EDI@sandhillscenter.org