

Provider Profile Form



This form is to help us get to know our providers and better serve you.

Please complete this form within 5 days and fax it to (605) 328-7224 or email it to providerrelations@sanfordhealth.org.

Clinic/Facility Information

Clinic/Facility Name:			
Tax ID #:	Billing NPI #:		
Phone:	Fax:		
Address:	City:	State:	Zip:
County:	Website:		

Contracting Contact Information

Name:	Title:		
Email:	Phone:	Fax:	

Business Manager Information

Name:	Title:		
Email:	Phone:	Fax:	

Billing Contact Information

Name:	Title:		
Email:	Phone:	Fax:	

Credentialing Contact Information

Name:	Title:		
Email:	Phone:	Fax:	

Medical Records Contact Information

Name:	Title:		
Email:	Phone:	Fax:	

Onboarding Information

Can we work directly with the contacts listed above? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, provide name, phone and email of another person:	Name:
Email:	Phone: Fax:
List the number of employees at this clinic/facility:	How long has this clinic/facility been in business?
Pick an option for onboarding your clinic/facility <input type="checkbox"/> Onsite visit <input type="checkbox"/> Personal Webinar <input type="checkbox"/> Invite staff to attend our monthly webinar	Pick the items your clinic/facility would like to learn more about <input type="checkbox"/> Provider Portal <input type="checkbox"/> Provider Perspective Newsletter <input type="checkbox"/> Provider EDI Resources <input type="checkbox"/> Provider Manual/Policies <input type="checkbox"/> Product Fact Sheets/SHP ID Cards <input type="checkbox"/> Forms <input type="checkbox"/> Credentialing Information <input type="checkbox"/> Health Management Programs <input type="checkbox"/> Prior Authorizations
	<input type="checkbox"/> Complex Care Management <input type="checkbox"/> Quality Improvement Program <input type="checkbox"/> Preventive Guidelines <input type="checkbox"/> Pharmacy <input type="checkbox"/> Provider Directory <input type="checkbox"/> Claims <input type="checkbox"/> Referral Center <input type="checkbox"/> Other: _____

Questions? Contact your Provider Relations representative at (800) 601-5086 or providerrelations@sanfordhealth.org.