Non-Contracted Facility Information

Submit Fax Request to: 320-762-5956
Or Email to: schaclaims@primewest.org

Facility name (legal) ______________________________

Facility DBA name (if applicable) ______________________________

Federal tax identification number ____________ NPI/UMPI ______________________________

Physical address ______________________________

City, State, ZIP ______________________________

Phone # ____________________ Website address ______________________

Pay-to address ______________________________

City, State, ZIP ______________________________

Mailing address ______________________________

City, State, ZIP ______________________________

Email address (required) ______________________________

South Country will use the email shown above to conduct business and send important communications.

Address where 1099 should be sent (select one):

☐ Physical address ☐ Mailing address ☐ Pay-to address

Type of facility (check one)

☐ Community Mental Health Center (established under MN Stat. secs. 245.61 – 245.69)

☐ Rural Health Clinic – *include a copy of the CMS All-inclusive Rate (AIR) for your facility*
Medicare Online Survey, Certification, and Reporting (OSCAR) # ____________________

☐ Indian Health Service (IHS) ☐ Skilled Nursing Facility (SNF)

☐ Federally Qualified Health Center (FQHC) – *include a copy of FQHC rates for your facility*
Medicare OSCAR #__________

☐ Critical Access Hospital (CAH) – *include a copy of CMS CAH rates and DHS CAH rates (if applicable)* Medicare OSCAR # ____________________

☐ General Acute Care Hospital – Medicare OSCAR # ______________________________

☐ Other (describe) ______________________________

No balance billing the member. By accepting South Country Health Alliance payments, you agree to only bill or attempt to collect from the member any unpaid amounts on any remittance indicated as "member responsibility." _______ (initial)

Name of person completing form____________________ Phone # ________________ Date __________

Please submit this document along with forms 1 and 2 below. You may submit the forms via fax to 320-762-5956, or via email to schaclaims@primewest.org Providers wishing to receive electronic payments or remittance advice must submit forms 3 and 4 online at https://mnscha.org/?page_id=298.

1. *Internal Revenue Service Request for Taxpayer Identification Number and Certification (W-9)*
2. *Practitioner National Provider Identifier/Unique Minnesota Provider Identifier (NPI/UMPI) Notification/Request*
3. *Electronic Remittance Advice (ERA) Authorization Agreement Form*
4. *Electronic Funds Transfer (EFT) Form*