

Non-Contracted Facility Information

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

Facility name (legal) _____
Enter the business name you use to file income to the IRS (from the first line of the W-9 form)

Facility DBA name (if applicable) _____
Enter the business name you use to file income to the IRS (from the second line of the W-9 form)

Federal tax identification number _____ NPI/UMPI _____

Physical address _____

City, State, ZIP _____

Phone Number _____ 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)

☐ Laboratory – include a copy of your Clinical Laboratory Improvement Amendments (CLIA) certificate
CLIA # _____

☐ 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 collect from the member any unpaid amounts on any remittance indicated as “member responsibility.” _____ (Initial Required)

Name of person completing form _____ Phone Number _____ 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/providers/forms-2>.

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](#)