



MMIS ATTACHMENT COVER SHEET
DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 177 (1-2025)

Complete this form and include it as the cover sheet for all attachments or additional documentation being submitted to the North Dakota Department of Health and Human Services Medicaid.

Provider NPI or Medicaid Number
Member Medicaid Number
Corresponding Record Number

Type of Attachment (select only one)

Claim

Transaction Control Number (TCN)	Fax To
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Service Authorization (SA)

Service Authorization (SA) Number	Fax To
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Referral

Referral Number	Fax To
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Other

Description	Fax To
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Mail to:
North Dakota Department of Health and Human Services
MMIS Attachments
600 East Blvd Ave.
Bismarck, ND 58505
Telephone Number: 1-877-328-7098