MMIS ATTACHMENT COVER SHEET

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 177 (6-2015)

Clear Fields

Complete this form and include it as the cover sheet for all attachments or additional documentation being submitted to the North Dakota Department of 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: 701-328-0374

☐ Service Authorization (SA)

Service Authorization (SA) Number	Fax To: 701-328-1544

☐ Referral

Referral Number	Fax To: 701-328-1544

☐ Other

Description	Fax To: 701-328-1544

Mail to:

North Dakota Department of Human Services
MMIS Attachments
600 East Blvd Ave.
Bismarck, ND 58505

Telephone Number: 1-877-328-7098