EXEMPTION FOR SUBMITTING ELECTRONIC CLAIMS

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 447 (3-2020)

Clear Fields

Name of Provider	Organization Name	
NPI Number	Contact Name	Telephone Number
Email Address	Calendar Year for Exemption	
Approximate date that the provider will be able to submit electronic claims		
Reason for Exemption		
Detailed Explanation for Exemption Request		

Submit by fax, email or mail to:

Fax: Providers may fax this form to 701-328-1544 ATTN: Alyssa Neis.

Email: aneis@nd.gov

Mailing Address:

Medical Services - ATTN: Alyssa Neis
North Dakota Department of Human Services
600 E Boulevard Ave. Dept. 325
Bismarck, ND 58505-0250