



EXEMPTION FOR SUBMITTING ELECTRONIC CLAIMS

DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEDICAL SERVICES DIVISION

SFN 447 (1-2025)

Name of Provider		Organization Name	
NPI Number	Contact Name		Telephone Number
Email Address			Calendar Year for Exemption
Approximate Date 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: Laura Holzworth

Email: lholtzworth@nd.gov

Mailing Address:

Medical Services - ATTN: Laura Holzworth
Department of Health and Human Services
600 E Boulevard Ave., Dept. 325
Bismarck, ND 58505-0250