

Promises kept, plain and simple.®

1515 North Saint Joseph Avenue PO Box 8000 Marshfield, WI 54449-8000 1.800.622.7790 | 715.221.9700 TTY: 711 Fax: 715.221.9500

Direct Connection

Electronic Claim Submission Request

Save money and submit claims directly to Security Health Plan instead of using a claims clearinghouse. When you submit directly to Security Health Plan, there are no clearinghouse fees for you or Security Health Plan, you keep control of claims submission and you receive an immediate response if a claim is not accepted.

To get started, complete this form and email it to: shpprd@securityhealth.org.

After we receive your completed form:

- We set up a secure (SFTP) connection with you
- You send us a test 837 file
- We retrieve your file and process it through our test system
- You receive a response file

Provider name
Sending professional claims: 🗌 Yes 🗌 No
Sending institutional claims: 🗌 Yes 🗌 No
Please follow these naming conventions: If sending institutional claims, please follow this naming convention: providernametoSHP_837I_YYYYMMDDHHMMSS.txt for Institutional (UB) files
If sending professional claims, please follow this naming convention: providernametoSHP_837P_YYYYMMDDHHMMSS.txt for Professional (1500) files
Frequency of file: Daily If daily, Security Health Plan will check for file only on workdays
Weekly If weekly, what day of the week will file be sent
 Monthly If monthly, what day of the month will file be sent The standard time of day to send a file is 6 a.m. If sent after 6 a.m., will check for a new file the next scheduled day.
Provider contact information for set up, testing and file issues:
Name
Phone
Email

You will receive electronic 835 remits and can access printer-friendly statements through your provider portal.