STATE OF WASHINGTON

DEPARTMENT OF HEALTH

HIV Client Services, Early Intervention Program

# Setup Provider for Secure SFT of Remittance Advice PDFs

**Provider: Please only complete STEP 1 of the form (including box).**

## Step 1: SFT Setups

Requested By:

Name_____ Email_____ Phone_____

Provider Action Type: ☐New Provider SFT Set-UP
☐Add new tax payer ID
☐New SFTP User Account(s)

Provider Agency Name: _____

Provider Taxpayer ID(s): _____
_____
_____

SFT User Account Setup 1

Name: _____
_____

Email: _____

SFT User Account Setup 2

Name: _____

Email: _____

## Step 2:

☐Setup IOX Data Transfer Job Step (SFT Admin sends TTPRO to IOX administrator)

## Step 3:

Update Provide to Enable SFT Delivery

☐Update Claim Provider(s) (Set Folder)
☐Created Claim Provider SFTP Account(s)

Washington State Department of Health

DOH 410-071 November 2016

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).