Elite Health

SFTP Set Up

The following information is required when setting up and granting access for Elite Health Plan's SFTP:

Entity Type: ☐ **IPA/MG**   ☐ **Ancillary Facility**   ☐ **Vendor**   ☐ **Other**

Legal Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

MSO (if Applicable):

Legal Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact:

Name: _____

Phone Number: _____ Email Address(required): _____

Title: _____

Secondary Contact:

Name: _____

Phone Number: _____ Email Address(required): _____

Title: _____

IPA/MG/MSO: Approval Name: _____

Approval Signature: _____ **Date:** _____

Instructions for access to Elite Health Plan SFTP are as follows:

1. Complete the attached SFTP form and submit to Elite Health Plan IT Department at IT@elitehealthcare.com and copy Delegation@elitehealthplan.com

2. Allow IT 7 to 10 business days to process the SFTP form.
3. Once the SFTP form is processed and your account is created, IT will send the login credentials to the primary contact.
4. Once logged in with your credentials, you can submit reports/files on the SFTP site, please remember notify Delegation with the screenshot.