



## **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](mailto:IT@elitehealthcare.com) and copy [Delegation@elitehealthplan.com](mailto: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.