



**County of Los Angeles – Department of Public Health  
Substance Abuse Prevention and Control  
SAPC-IT Provider Request Form**

Please email completed form to  
[SapcProviderReq@ph.lacounty.gov](mailto:SapcProviderReq@ph.lacounty.gov)

Requestor Information		
First Name:	Last Name:	Date:
Organization:		
Email Address:	Phone Number:	ext:

Request Details	
This form is used to request SAPC-IT to reupload files to Secure File Transfer Protocol (SFTP). Please select file type below and provide more details in description section.	
File Type:	Description:
<input type="checkbox"/> 277	From Date: _____ To Date: _____
<input type="checkbox"/> 835	From Date: _____ To Date: _____
<input type="checkbox"/> EOB	From Date: _____ To Date: _____
<input type="checkbox"/> Remittance Advice	From Date: _____ To Date: _____

For SAPC-IT only	
Received By:	Processed By:
Received Date:	Processed Date: