



**Overview**

Complete this form to enroll with HealthPartners to submit claims transactions and eligibility and benefits transactions electronically via the Availity Portal. **All information on the form is required unless noted otherwise.**

Unless otherwise notified, you may begin submitting transactions to HealthPartners 72 hours after submitting this form.

**Instructions**

1. Complete the form (type all responses).
2. Fax the completed, signed form to Availity: 972.383.6415

**Who do I contact if I have questions?**

If you have questions about your enrollment, contact Availity Client Services at 1.800.AVAILITY (282.4548).

PAYER INFORMATION		
Payer: HealthPartners		Payer ID: 07003
PROVIDER INFORMATION		
Availity Customer ID:		Federal Tax ID:
Group or Billing NPI:		Billing UMPI: (if applicable)
Provider Address:		
City:	State:	ZIP Code:
Contact Name:		
Telephone Number:		E-mail Address:
Select the transaction types you want to process:	837P (professional claims)	
	837I (institutional claims)	
	270 (eligibility and benefits)	
If you are presently contracted with another clearinghouse or billing company, when is that contract expected/scheduled to terminate?      Date:		
Provider Name:		Date:
Provider Signature:		
<b>Important:</b> By signing your name in this field, you acknowledge and agree that you have been authorized by the provider or its agent to initiate, modify, or terminate an enrollment. You further acknowledge and agree that you have the legal authority to perform such action on behalf of your organization. In no event will Availity be liable for any losses or damages including without limitation, indirect or consequential losses or damages, or any loss or damage whatsoever arising from loss of data or profits arising out of, or in connection with this submission.		
<b>FAX THE FORM TO:</b>	972.383.6415	