

HealthPartners Electronic Enrollment Form

Rev. 04.24.2018.1

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: 070	Payer ID: 07003		
PROVIDER INFORMATION				
Availity Customer ID:	Federal Tax I	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 clearinghou company, when is that contract expected/scheduled to t		e:		
Provider Name:			Date:	
Provider Signature:				
Important: By signing your name in this field, you acknowledge and a or terminate an enrollment. You further acknowledge and agree that y In no event will Availity be liable for any losses or damages including a damage whatsoever arising from loss of data or profits arising out of, or	ou have the legal authowithout limitation, indire	ority to perform suc ect or consequentia	h action on behalf of your organization.	
FAX THE FORM TO: 972.383.6415				

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