



## Claims Connect Add New Payer for Existing Provider

**Form Instructions:** Please complete this form for each payer/enrolled provider (billing NPI). Send completed form to [myaccount@helper.com](mailto:myaccount@helper.com) or fax to **888.486.7175**. Please fill out all information, incomplete forms will be returned.

Helper Account #: \_\_\_\_\_ Group Name: \_\_\_\_\_  
 ClaimsConnect G #: \_\_\_\_\_ ClaimsConnect P #: \_\_\_\_\_

**PROVIDER INFORMATION** *(complete one form for each provider)*

Provider Name: \_\_\_\_\_  
 Tax ID: \_\_\_\_\_ Check appropriate box:  EIN  SSN  
 Email: \_\_\_\_\_

**PAYER SELECTION**

Check the box next to each payer and enter the Billing NPI and State for each payer to who you plan to submit electronic claims. If any payers selected require enrollment, the appropriate payer agreements will be sent to you after Netsmart has processed this form. Additional enrollment tips are here: <https://helper.com/newsletter/claimsconnect-enrollment-set-up-tips>

Payer Name	Individual NPI	Group Billing NPI	State
<input type="checkbox"/> BlueCross/Blue Shield			
<input type="checkbox"/> Health Partners			
<input type="checkbox"/> Medicare			
<input type="checkbox"/> Medicaid			
<input type="checkbox"/> RR Medicare			
<input type="checkbox"/> TRICARE			
<input type="checkbox"/> Commercial Payers	<b>No Enrollment Required</b>		

*If provider has been issued more than one NPI for one payer, please complete an additional form for each set of numbers. Failure to indicate multiple provider numbers will result in setup errors. **NOTE: if any changes occur regarding the payers you've selected on this form, the provider numbers for the payers selected, or to your tax ID and or social security numbers, please contact Helper support. Thank you!***

# Additional Payer List – Claims Enrollment

**Form Instructions:** Write in insurance company names in the list below as needed. **Fax completed form to Helper team 888.486.7175.**

Payer Name	Individual NPI	Group NPI	State