



## ClaimsConnect Add New Provider to Existing Group

**Form Instructions:** Please complete this form for each new provider. Send completed form to [myaccount@helper.com](mailto:myaccount@helper.com) or Fax to 888.965.4021. Please fill out all information, incomplete forms will be returned.

**Fee: \$50 + tax for each additional provider**

**Credit Card Type** \_\_\_\_\_ **Credit Card #** \_\_\_\_\_

**Exp. Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ I authorize Netsmart to charge my card.

*If paying by check please mail form along with check to the address above. (Payment is due before form can be processed)*

**Helper Account #:** \_\_\_\_\_ **Group Name:** \_\_\_\_\_

**ClaimsConnect G #:** \_\_\_\_\_

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

**Provider Name:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**Tax ID:** \_\_\_\_\_ Check appropriate box:  EIN  SSN

**Email:** \_\_\_\_\_

**PAYER SELECTION** Check the payer(s) to whom you plan to submit electronic claims and add the provider's numbers. If any payers selected require enrollment, the appropriate payer agreements will be sent to you after Netsmart has processed this form.

				*** For Netsmart Use Only ***	
Payer Name	Individual NPI	Group NPI	State	Payer Id	Enrollment
<input type="checkbox"/> BlueCross/Blue Shield					<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Beacon Health Options					<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Health Partners					<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Medicare	PTAN:	PTAN:			<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Medicaid					<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> RR Medicare					<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> TRICARE					<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> <b>Commercials Payers</b>	<b>No Enrollment Required</b>				<input type="checkbox"/> Y <input type="checkbox"/> N

*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 NPIs will result in setup errors. **NOTE: if any changes occur regarding the payers you've selected on this form, the NPI for the payers selected, or to your tax ID and or social security numbers, please contact Helper support. Thank you!***