



ClaimsConnect Add New Provider to Existing Group

Form Instructions: Please complete this form for each new provider. Fax completed form to 888.486.7175. Please fill out all information, incomplete forms will be returned.

Sign-up Fee is \$50.00 + tax for each provider. When paperwork is received, we will process the charge using the card on file. If you do not have a card on file, you will need to update the payment method in order to proceed.

Provider Information: Complete one form for each provider

Helper Account #: _____

ClaimsConnect G #: _____

Group Name: _____

Provider Name: _____

Tax ID: _____ Check appropriate box: EIN SSN

Email: _____

PAYER SELECTION The Payers below require claims enrollment. Check the Payer(s) to whom you plan to submit electronic claims. Add the Provider's Billing NPI, your State and the Payer ID. The appropriate payer agreements will be sent to you after Netsmart has processed this form. Add NPIs as noted below.

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	No Enrollment Required		