ClaimsConnect Reactivation

Form Instructions: Please complete this form for each provider and send to myaccount@helper.com or Fax to 888.965.4021.

Fee: $50 + tax for per group or $25 + tax per provider - Payment is due before form can be processed
Reactivation Type: (circle one)   **Group**   or   **Provider**
Credit Card Type_____ **Credit Card #**_____
Exp. Date_____

Signature_____ I authorize Netsmart to charge my card.

Helper Account #: _____   **Group Name:** _____
ClaimsConnect G #: _____   **ClaimsConnect P #**_____
Did you receive ERA's?   ☐ Y ☐ N
PROVIDER INFORMATION *(complete one form for each provider)*
    Facility Name: _____
    Provider Name: _____
    Tax ID: _____ Check appropriate box: ☐ **EIN** ☐ **SSN**
    Address: _____
    City: _____ State: _____   Zip: _____
    Contact Name: _____
    Email: _____
    Phone: _____ Fax: _____

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 Provider Numbers**	**Group Provider Numbers**	**State**	**Payer Id**	**Enrollment**
☐ NPI Provider Number					
☐ BlueCross/Blue Shield					☐ Y ☐ N
☐ Medicare	PTAN:	PTAN:			☐ Y ☐ N
☐ Medicaid					☐ Y ☐ N
☐ TriCare/Champus					☐ Y ☐ N
☐ RR Medicare					☐ Y ☐ N
☐ Health Partners			**MN** Only		
☐ **Commercials Payers**	**No Enrollment Required**				

*If provider has been issued more than one provider number 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!***