



ClaimsConnect Provider Reactivation

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

Provider Reactivation Fee is \$25.00 + tax per provider. Payment is due before form can be processed.

Helper Account #: _____ Group Name: _____

ClaimsConnect G #: _____ ClaimsConnect P # _____

Did you receive ERA's? Yes No

Provider Information: Complete one form for each provider.

Facility Name: _____

Provider Name: _____

Tax ID: _____ Check appropriate box: EIN SSN

Address: _____

City: _____ State: _____ Zip: _____

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.

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		