



ClaimsConnect Agreement

Complete one form per Group using ClaimsConnect

Please Check (1)

- ClaimsConnect ClaimsConnect Plus

Terms of Service

- An active Helper Assurance Contract is required
- An Internet connection or dialup modem is required. (*High-Speed connection needed for ClaimsConnect Plus*)
- There are no refunds on ClaimsConnect Signups, ClaimsConnect Plus, Assurance Contracts or Upgrades
- It is the user's responsibility to terminate the ClaimsConnect service by submitting a written notice
- Monthly fees will be charged, whether or not claims are submitted, until either party cancels the service

Payment Method: *If paying monthly fees by credit card, we allow one credit card per site.*

Circle One Visa MasterCard Discover Amex or CHECK (*Make payable to: Netsmart*)

Credit Card # _____ Exp. Date _____

Signature _____ I authorize Netsmart to charge my card the sign-up fee

Signature _____ I authorize Netsmart to charge my monthly fees incurred for e-Claims and e-Statements

Signature _____ I authorize Netsmart to charge the ClaimsConnect Plus Fees

Please mail all forms to

OR

Fax all forms to

Netsmart
ClaimsConnect Enrollment DEPT.
600 W. Cummings Park, Suite 3450
Woburn, MA 01801

ClaimsConnect Enrollment DEPT.
(781)937-3232

Helper Account Number _____ **Contact Name** _____

Authorized Signature _____ **Date** _____

By signing this document I have read and agree to pay the ClaimsConnect monthly billing fees (See page 3).

Please Note

You must return: one completed agreement form for the group and a provider set up form for each provider who will be using ClaimsConnect. We will mail you instructions to get started using ClaimsConnect and all forms needed to enroll electronically for specific payers. **Claims may be sent to all other payers immediately.** Thank you.



ClaimsConnect Sign-Up Form

Please fax completed forms to ClaimsConnect Enrollment (781) 937-3232 **or mail to**

Netsmart – ClaimsConnect
 600 W. Cummings Park, Suite 3450
 Woburn, MA 01801

Please Check (1)

- ClaimsConnect ClaimsConnect Plus

Facility Information *(Please fill out all information - Incomplete forms will be returned)*

Helper Account # _____ ClaimsConnect G# _____ *(internal use only)*
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Contact _____ Phone _____
 Email _____ Fax _____

Provider Information *(Complete one form for each provider)*

Provider Name _____ Degree _____ License # _____
 Tax ID _____ EIN SSN *(Check the box this Tax ID represents)*

Payer Selection

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

Payer Name	Individual Provider Numbers	Group Group Numbers	State	Insurance Company Phone Numbers	Payer #
<input type="checkbox"/> NPI Provider Number					
<input type="checkbox"/> Blue Cross/Blue Shield					
<input type="checkbox"/> Medicare					
<input type="checkbox"/> Medicaid					
<input type="checkbox"/> TriCare/Champus					
<input type="checkbox"/> RR Medicare					
<input type="checkbox"/> DMERC			<i>(region)</i>		
<input type="checkbox"/> Magellan					
<input type="checkbox"/> ValueOptions					
<input type="checkbox"/> Commercial Payers	No Enrollment Required				

If provider has been issued more than one provider number for one payer, please complete an additional Provider Setup Information 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!**



ClaimsConnect Pricing

ClaimsConnect is Helper's HIPAA-compliant electronic insurance claims and patient statements module. Any number of Providers in your Helper database can enroll in ClaimsConnect.

Active Maintenance required for all billing options

Pricing is subject to change without notice

Please contact your Sales Representative for more questions on pricing

ClaimsConnect Initial Enrollment Fee

\$75.00 + Tax for the first provider
\$10.00 + Tax for each additional provider

ClaimsConnect Plus Service Fee

\$200.00 + Tax first Provider
\$25.00 + Tax for each additional provider
Providers enrolling at a later date for ClaimsConnect \$50.00 + Tax per provider
Providers signing up at a later date for ClaimsConnect Plus only, after the 90 days \$200.00 + Tax per provider

Claim Pricing Fees

Monthly Service Fee \$10.00 per enrolled provider*
Electronic Claims Fee \$0.27 per claim
Paper claims (Claims that cannot be sent via electronic data interchange due to enrollment or other issues) \$0.35 per claim

Statement Pricing Fees

Per Statement Pricing \$0.62 per statement

ERA Pricing Fees

Sign-up Fee \$15.00 + Tax per provider, per payer
All Additional Payers \$15.00 + Tax per provider, per payer
Monthly Service Fee \$5.00 per enrolled provider
ERA Transaction \$0.10 per transaction

Reactivation Fee for all Terminations

\$50.00 + Tax per group **OR**
\$25.00 + Tax per provider
