



ClaimsConnect Add New Provider to Existing Group

Form Instructions: Please complete this form for each new provider. Fax completed form to 888.965.4021. Please fill out all information, incomplete forms will be returned.

Fee: \$50 + tax for each additional provider - Payment is due before form can be processed.

Credit Card Type _____ Credit Card # _____
 Exp. Date _____ CVV Code: _____

Signature _____ I authorize Netsmart to charge my card.

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 Provider Numbers | Group Provider Numbers | State | Payer Id | Enrollment |
| <input type="checkbox"/> NPI Provider Number | | | | | |
| <input type="checkbox"/> BlueCross/Blue Shield | | | | | <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"/> TriCare/Champus | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> RR Medicare | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> Health Partners | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> ValueOptions | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> Commercials Payers | No Enrollment Required | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |

*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!***