



ClaimsConnect Add New Payer for Existing Provider

Form Instructions: Please complete this form for each payer/enrolled provider (billing NPI). Send completed form to myaccount@helper.com or fax to **888.965.4021**. Please fill out all information, incomplete forms will be returned.

Helper Account #: _____ Group Name: _____
 ClaimsConnect G # (optional): _____ ClaimsConnect P #: _____

PROVIDER INFORMATION *(complete one form for each provider)*

Provider Name: _____
 Tax ID: _____ Check appropriate box: EIN
 SSN
 Email: _____

PAYER SELECTION

Check the box next to each payer and enter the Billing NPI and State for each payer to who you plan to submit electronic claims. If any payers selected require enrollment, the appropriate payer agreements will be sent to you after Netsmart has processed this form. Additional enrollment tips are here: <https://helper.com/newsletter/claimsconnect-enrollment-set-up-tips/>

Payer Name	Individual NPI	Group NPI	State
<input type="checkbox"/> BlueCross/Blue Shield			
<input type="checkbox"/> Beacon Health Options			
<input type="checkbox"/> Health Partners			
<input type="checkbox"/> Medicare	PTAN:		
Medicare ERA Submitter# <i>REQUIRED only if choosing NOT to enroll in ERAs through ClaimsConnect</i>	Medicare ERA Submitter #:		
<input type="checkbox"/> Medicaid			
<input type="checkbox"/> RR Medicare			
<input type="checkbox"/> Tricare East			
<input type="checkbox"/> Tricare West			
<input type="checkbox"/> Triwest Alliance			
<input type="checkbox"/> Commercials Payers	No Enrollment Required		

