



## ClaimsConnect Add New Payer for Existing Provider

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

Helper Account #: \_\_\_\_\_ Group Name: \_\_\_\_\_

ClaimsConnect G #: \_\_\_\_\_ ClaimsConnect P #: \_\_\_\_\_

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

Provider Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Check off 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 NPI	Group NPI	State	Payer Id	Enrollment
<input type="checkbox"/> BlueCross/Blue Shield					<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Beacon Health Options					<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Health Partners					<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					<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> RR Medicare					<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/>					<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/>					<input type="checkbox"/> Y <input type="checkbox"/> N

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