



## 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.

**Sign-up Fee - \$50 + tax for each provider**

Credit Card Type \_\_\_\_\_ Credit Card # \_\_\_\_\_  
Exp Date \_\_\_\_\_

Signature \_\_\_\_\_ I authorize Netsmart to charge my card.

Helper Account #: \_\_\_\_\_ ClaimsConnect Group Number (optional): \_\_\_\_\_

Group Name: \_\_\_\_\_

**Provider Information: Complete one form for each provider**

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

Tax ID: \_\_\_\_\_ Select appropriate option: **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.

Payer Name	Individual or Rendering NPI	Group or Billing NPI	State
<input type="checkbox"/> BlueCross/Blue Shield			
<input type="checkbox"/> Beacon Health Options			
<input type="checkbox"/> Health Partners			
<input type="checkbox"/> Medicare	<b>PTAN:</b> _____	<b>PTAN:</b> _____	
<b>Medicare ERA Submitter #:</b> _____ <i>Medicare ERA Submitter# REQUIRED only if NOT enrolling in ERAs through ClaimsConnect</i>			
<input type="checkbox"/> Medicaid			
<input type="checkbox"/> RR Medicare			
<input type="checkbox"/> TRICARE			
<input type="checkbox"/> <b>Commercial Payers</b>	<b>No Enrollment Required</b>		