

# HEALTHPARTNERS MN PRE-ENROLLMENT INSTRUCTIONS – HPAMN



## WHAT FORM DO I COMPLETE?

- Post-n-Track HealthPartners – Minnesota Electronic Registration Request Form.

## WHERE DO I SEND THE FORM?

- Fax the form to 360-896-2151; or
- Email the form to [info@officeally.com](mailto:info@officeally.com) (Subject: HPMN Electronic Registration Request)

## HOW DO I KNOW WHEN I AM APPROVED?

- Once approved, Office Ally will email you at the email address on the enrollment form. If you do not receive a confirmation email from us within 5 business days of emailing this request to us, please email it again.



## HealthPartners – Minnesota (Payer ID HPAMN) Electronic Registration Request

The Payer has requested the following information to be completed prior to exchanging data electronically through Post N Track. All requested information is required unless otherwise specified. The completed form should be emailed to [info@officeally.com](mailto:info@officeally.com).

**Please check which electronic transaction(s) you are interested in exchanging:**

Professional Claims       Institutional Claims       Remittance Advice

**LEGAL NAME:** \_\_\_\_\_  
*(The name associated to your Tax ID as defined by the IRS)*

**BILLING PROVIDER NAME:** \_\_\_\_\_  
*(The name of the group or facility submitting the claim)*

**Is your practice filing claims as a**     Group       Individual

**BILLING ADDRESS:** \_\_\_\_\_  
*(The address where claims information and payments should be sent for this NPI or HPFIN.)*

**BILLING TAX ID:** \_\_\_\_\_

**BILLING NPI:** \_\_\_\_\_  
*(The NPI of the group/facility submitting the claim. Please complete a separate enrollment form for each organizational subpart).*

**PAY-TO NPI:** \_\_\_\_\_  
*(Please complete if the Pay-To NPI is different than the Billing NPI).*

**HPFIN:** \_\_\_\_\_  
*The HealthPartners Facility ID Number (HPFIN) is a proprietary code consisting of 1-6 numeric characters and is assigned to all practices filing as a group or individual. The HPFIN is required on all claim submissions prior to 5/23/2007.*

**CONTACT PERSON:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**Individual NPI(s) – Type 1: (Optional)**

Professional Name

NPI
