

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 (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.

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
