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## **HealthPartners MN - (HPAMN)**

### **via Post-N-Track**

### **Enrollment Instructions – Claims & ERA**

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck provider numbers to be sure they are valid and accurate. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Keep a copy of the completed enrollment pages.** Note the date and method of submission. Keep a copy of the completed request in case you should need to follow up or resubmit.

**FAX COMPLETED FORMS TO-**  
Practice Insight, Enrollment Department  
713-333-0138

#### **837- CLAIMS Initial Provider Enrollment (New) or Re-Enrollment (Change of Service)**

- Electronic Registration Request  
Complete provider information.  
Put a ✓ to the right of “Professional Claims” or “Institutional Claims”.

#### **835- ERAs Electronic Remittance Request (New) or (Change of Service)**

- If the provider has never registered for ERA files -Or if the provider currently receives 835 ERA files and wishes to authorize Practice Insight to retrieve their 835 ERA files, the provider must complete this form for each **billing provider.**
  1. **HealthPartners MN Electronic Registration Request Form**  
This form must be faxed to Practice Insight (see instructions above). Practice Insight will forward on for processing.

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### **ALLOW 2-4 WEEKS FOR PROCESSING**

*If it has been over 30 days since request was submitted and you have not yet received confirmation of enrollment, contact your reseller or software support vendor for assistance.*



## 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.

~~Please email all completed forms to [support@post-n-track.com](mailto:support@post-n-track.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** or \_\_\_\_\_ **Individual**?

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

**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).*

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

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

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