Payer ID: 07003



# HealthPartners (MN) 837 and 835

## **EDI Enrollment Instructions:**

- To link with your clearinghouse for claims and ERA, the provider is to use the links provided below to access and complete the appropriate forms.
- Complete the forms using the provider's billing/group information as credentialed with this payer.
- EDI enrollment processing timeframe is approximately 5 business days.
- To check status of EDI enrollment, please contact Availity at 800-282-4548.

## 837 Claim Transactions:

#### HealthPartners Electronic Claims Enrollment

Complete the form as appropriate, using the information provided below. Availity Customer ID = **14065** 

### Submit Completed Claims Enrollment Documents to:

Fax to Enrollment at: 972-383-6415

#### 835 Electronic Remittance Advice:

HealthPartners Electronic Remittance Advice (ERA) Enrollment

Complete the form as appropriate, using the information provided below. Receiver Information: Who will receive your ERA files = Clearinghouse Receiver Name = ClaimRemedi Availity Customer ID = 14065 Contact Name = Enrollment Dept Telephone Number = 866-633-4726

E-mail Address = enrollment@claimremedi.com

Preference for Aggregation of Remittance Data: Choose either Tax ID (TIN) **or** National Provider Identifier (NPI).

Submission Information:

A typed signature is acceptable.

## Submit Completed ERA Enrollment Documents:

Click the E-mail Form button at the bottom of the document