

HealthPartners – Minnesota
Electronic Registration Request
Payer ID 3411 (Professional Claims)
Payer ID 1525(Institutional Claims)

The Payer has requested the following information to be completed prior to exchanging data electronically through RelayHealth. All requested information is required unless otherwise specified.

Please check which electronic transaction you are interested in exchanging:
Professional Claims **Institutional Claims** **Remits**

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 claim 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: