



## ERA Enrollment Instructions

# Health Partners of Minnesota

Attention Providers:

To start receiving ERAs from Health Partners of Minnesota through EDS, you will need to follow the instructions below.

Payer:	Health Partners of Minnesota
Payer ID:	94267
For Enrollment Questions:	Contact the EDS Enrollment Department at (800)482-3518 or <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a>
Enrollment Application:	<b>Electronic Remittance Advice (ERA) Authorization Agreement</b>
Email or Fax Application to:	<a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a> Fax (800) 482-3518
Approval Process and Timeframes:	Payer estimates 2-3 business days from the date of submission.
Special Instructions:	Paper remits will be turned off immediately upon approval by payer. If you require paper Remittance Advice, you must enroll on the Provider Portal at <a href="http://www.HealthPartners.com">www.HealthPartners.com</a> . EDS will deliver ERAs directly to the EDS Portal upon receipt.



# Electronic Remittance Advice (ERA) Authorization Agreement

To start receiving your ERAs from the payer through EDS you will need to follow the instructions below. (\* indicates required field)

<b>* Payer Name</b>			
<b>A. Provider Information</b>			
<b>*Provider Name</b>			
<b>*Provider Address</b>			
Street:			
City:	State/Province:	Zip Code/Postal Code:	
<b>B. Provider Identifiers Information</b>			
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)			
BILLING National Provider Identifier (NPI)			
<b>C. Provider Contact Name</b>			
<b>*Contact</b>			
<b>*Telephone Number</b>			
<b>*Email Address</b>			
<b>D. Electronic Remittance Advice Information</b>			
<b>*Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)</b>			
<input type="checkbox"/> Provider Tax Identification Number (TIN)			
<input type="checkbox"/> National Provider Identifier (NPI)			
<b>D. Submission Information</b>			
<b>*Reason for Submission</b>			
<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment	
<b>Authorized Signature</b>			

---

Electronic or Printed Signature of Person Submitting Enrollment

---

Title of Person Submitting Enrollment