

## **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 Enrollment@edsedi.com	
Enrollment Application:	Electronic Remittance Advice (ERA) Authorization Agreement	
Email or Fax Application to:	Enrollment@edsedi.com 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 <u>www.HealthPartners.com</u> . 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)

Payer Name							
A. Provider Information							
*Provider Name							
*Provider Address Street:							
City:		State/Province:		2	Zip Code/Postal Code:		
B. Provider Identifier	rs Information						
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)							
BILLING National Provider Identifier (NPI)							
C. Provider Contact Name							
*Contact							
*Telephone Number							
*Email Address							
D. Electronic Remittance Advice Information							
*Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)							
Provider Tax Identification Number (TIN)							
National Prov	ider Identifier (NF	PI)					
D. Submission Information							
*Reason for Submission							
New Enrollment Change Enrollment Cancel Enrollment							
Authorized Signature							

Electronic or Printed Signature of Person Submitting Enrollment

Title of Person Submitting Enrollment