

ELECTRONIC CLAIMS SUBMISSION REGISTRATION FORM

To register with HSM, Inc to submit claims electronically, this form must be completed in its entirety and returned to HSM, Inc. 7805 Hudson Road #190, Woodbury, MN 55125 or faxed to 651-501-9644.

1. Do You have a clearinghouse partner and pathway established? Yes X No
2. I have attached examples of 1500's completed according to HSM's Yes X No
Claim Completion Requirements for review. (5-10 paper claims)

The carrier field on our CMS-1500 is completed as follows:

"Carrier" field contains "HSM_network or payer code and the plan code is located in the distinct plan field (i.e. HSM PONE OR HSM SC) **OR:**

"Carrier" and plan fields both contain "HSM_network or payer code_plan name (HSM PONE Cigna or HSM SC Aetna).

If you have answered no to either of these questions, you will not qualify to be considered for electronic claims submission. Please refer to our website or your Provider Manual for information regarding establishing a clearing house partner or compliant billing requirements.

If you have answered yes to both questions, please continue...

Clinic Name: _____

Electronic claims contact: _____

Phone Number: _____ E-mail _____

EDI clearinghouse: Prompt Solutions, Inc. Contact: Amy Mumm (888) 897-7667 Ext. 1

Practice Management Billing System: _____

Clinic/Payee Tax ID# : _____

Provider(s): _____

FOR HSM INTERNAL USE

DATE

CMS -1500 form: Approved to Test _____ Returned to Clinic

Give HSM EDI# to clinic and request EDI test file

Practice Insight Contacted

Assign EMC ID's in MM for Testing

Audited EDI claims for 95% accuracy:

Not Approved: Feed-back to clinic

Approved: Contact Clinic and Practice Insight for live transmissions

Following approval, assign EMC ID in MM production