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# *Prompt Solutions*

1717 Park Rd., Suite 250 Naperville, IL 60563 (888) 897-7667

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## *WEA - HSM* *Chiropractic Claims*

***NOTE: COMPLETE FOR WEA Chiropractic claims  
Processed by HSM, Inc. 7805 Hudson Road #190  
Woodbury, MN 55125***

*Please complete the following agreement and send to  
the address listed below in order to enroll your  
practice to send these claims electronically:*

*Fax this form to:*

***EDI Team***

***fax: 651-501-9644***

HSM required 5-10 sample claims to be faxed with their enrollment form

## 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