



Health Partners of Minnesota

Attention Providers:

To start sending Claims to 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 Billing Request
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:	None



Claims Enrollment Instructions

To start sending your claims electronically through EDS for the payer listed below you will need to follow the instructions below. (* indicates required field)

* Payer Name	
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A. Provider Information		
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* Provider Name		
* Provider Address		
Street		
City	State/Province	Zip Code/Postal Code

B. Provider Identifiers Information	
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* Provider Identifier(s)	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
National Provider Identifier (NPI)	

Authorized Signature

Electronic or Printed Signature of Person Submitting Enrollment

Printed Name & Title of Person Submitting Enrollment