HealthPartners Dental Claim Attachment Cover Form

Attachments to claims submitted electronically to HealthPartners can be submitted by mail, fax or via the web. Use this cover form for attachments submitted by mail or fax.

Mail form and attachment to:
HealthPartners Dental Claims
PO Box 1172
Minneapolis, MN 55440-1172

Fax form and attachment to:
(952) 853-8861
This fax number is only for attachments.

Complete this section for each attachment.

Field	Entry
Attachment Control ID: *You assign unique ID for each attachment and submit this ID on your electronic claim*	
Billing Entity TIN: *Type II NPI is also acceptable*	
Clinic Name:	

Patient Name:

last	*first*	*middle*

Field	Entry
HealthPartners Member ID:	
Date Attachment Sent:	
Total # Pages for Attachment: *Including this cover form*	
Clinic Contact: *(name and phone #)*	

Disclaimer:

For more information on electronic claims submissions, copies of this form, or to upload your attachment directly, visit http://www.healthpartners.com/provider.

6/09