



# Hennepin Health

## Network Provider Information Form (PIF)

**Note:** If you are currently contracted with Hennepin Health or have received an offer to contract with Hennepin Health, complete the Network Provider Information Form (PIF) found on our website at [www.hennepinhealth.org](http://www.hennepinhealth.org)

Submit completed forms and any questions via email to [hhnetworkmanagement@hennepin.us](mailto:hhnetworkmanagement@hennepin.us)  
**Remember to also include your W-9.** Please allow 30 business days for this information to be processed.

BUSINESS INFORMATION	
<b>Legal Business Name</b> <i>(as appears on W-9)</i>	
<b>DBA Name</b>	<b>Website Address</b>
<b>Federal Tax ID</b>	<b>NPI/UMPI</b>
	<b>Business License Number</b>

ELECTRONIC CLEARINGHOUSE INFORMATION	
Hennepin Health accepts electronic claims submission and sends remittance advices through multiple Clearinghouses. If you are not already registered with a clearinghouse, please contact one of our participating partners found in the <a href="#">Clearinghouses</a> section of our website.	
Please complete the following regarding your claims submissions and remittance advices:	
<b>Electronic Claims Submission Type</b> <input type="checkbox"/> 837I <input type="checkbox"/> 837P	<b>Remittance Advice (835)</b>
Availity <input type="checkbox"/>	Availity <input type="checkbox"/>
Change Healthcare (formerly Emdeon) <input type="checkbox"/>	Change Healthcare (formerly Emdeon) <input type="checkbox"/>
Change Healthcare (formerly RelayHealth) <input type="checkbox"/>	Change Healthcare (formerly RelayHealth) <input type="checkbox"/>
HealthEC MN E-Connect (formerly IGI) <input type="checkbox"/>	HealthEC MN E-Connect (formerly IGI) <input type="checkbox"/>
Smart Data Solutions (formerly ClaimLynx) <input type="checkbox"/>	Smart Data Solutions (formerly ClaimLynx) <input type="checkbox"/>
Other: <input type="checkbox"/>	Other: <input type="checkbox"/>

LOCATION INFORMATION			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Primary Phone</b>	<b>Appointment Phone</b>		

**PRACTITIONER INFORMATION**

Providers must be registered with the Minnesota Department of Human Services (DHS). Claims will be denied for all non-registered providers.

In the space below, please provide the practitioner information for those seeing Hennepin Health members.

<b>Last name</b>	<b>First name</b>	<b>Middle initial</b>	<b>Title</b>
<b>DOB (MM/DD/YYYY)</b>	<b>Type 1 individual NPI</b>	<b>SSN</b>	
<b>Specialty</b>		<b>State license #</b>	

Additional practitioner (if applicable)

<b>Last name</b>	<b>First name</b>	<b>Middle initial</b>	<b>Title</b>
<b>DOB (MM/DD/YYYY)</b>	<b>Type 1 individual NPI</b>	<b>SSN</b>	
<b>Specialty</b>		<b>State license #</b>	

**CONTACT INFORMATION**

<b>Correspondence Mailing Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<input type="checkbox"/> <i>Same as location address</i>			
<b>Billing contact</b> <i>(name, email, phone)</i>			
<b>Contact information of Business Owner:</b> <i>(name, email, phone)</i>			<b>Date Form Completed</b>

Please note that once your completed form and W-9 is received, additional information may be requested. Thank you!