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HealthPartners no longer accepts claim forms from members. Instead they ask that the plan member to request the provider to submit a claim to HealthPartners.

While it is very rare, limited out-of-network providers may not be willing to submit a claim. If the provider will not submit a claim to HealthPartners, then HealthPartners asks that the member submit an itemized statement from the provider along with the information listed below. The member can send the information directly to HealthPartners claims department at P.O. Box 1289, Minneapolis, MN 55440. HealthPartners advises that the member should call member services and ask the representative for their fax number. That way the representative will submit and track the claim for the member and notify them once it has been paid. The member can also ask for the phone number of the representative so they can call and check-in on the status of the claim.

- *Amount billed*
- *Dates of service*
- *Diagnosis code*
- *CPT codes (procedural codes)*
- *Patient's name*
- *Name of Professional (clinic or the facility)*
- *Tax ID Number*
- *Clinic/Facility phone number*
- *Place of service (office, urgent care, hospital, etc.)*
- *Member name and number (written on each page)*

*In addition to the above items, the following information is also helpful for the Claims department to receive (though not required):*

- *Provider's Address*