



# HEALTH SOURCE MSO (HSMSO) PRE-ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- Electronic Claims Submission Request Form

## WHERE SHOULD I SEND THE FORM(S)?

- Email the form to [HSMSOEDI@HealthsourceMSO.com](mailto:HSMSOEDI@HealthsourceMSO.com)

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is 1-3 business days



## Electronic Claims Submission Request Form

### Instructions

- Electronic Claims Submission is only available to contracted providers
- **ALL FIELDS ARE REQUIRED**
- Form must be filled out and signed by an authorized representative for the provider
- Please email all completed forms to [HMSOEDI@HealthsourceMSO.com](mailto:HMSOEDI@HealthsourceMSO.com)
- Once the provider has been approved, HSMSO will email the contacts below with instructions on how to submit electronic claims to HSMSO

### Vendor Information

Provider Name: \_\_\_\_\_

Provider Tax ID: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Which IPA/Hospital is the Provider Contracted With: \_\_\_\_\_

### Authorized Representative Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### EDI/Technical Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Claim Submission Information

Claim Submission Type?    UB04    CMS 1500    Will This Provider Submit Attachments?    YES    NO  
                   

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_