

WHICH FORMS SHOULD I COMPLETE?

- Electronic Claims Submissions Request Form

WHERE SHOULD I SEND THE FORM(S)?

- Email the form to HMSOEDI@HealthsourceMSO.com

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 1-3 business days.

HOW DO I CHECK STATUS?

- **Once you receive confirmation that you have been linked to Office Ally, you MUST email payerenrollment@officeally.com PRIOR to submitting claims electronically.**
 - o **Email subject:** Health Source MSO (HSMSO)—EDI Approval
 - o **Body of Email:**
 - Please log my EDI approval for Health Source MSO.
 - Provider Name:
 - Provider NPI:
 - Provider TIN:
 - Medicaid Provider ID (if applicable):



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
- 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: _____