



## 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 211532  
Eagan, MN 55121

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

Complete this section for each attachment.

Attachment Control ID: <i>You assign unique ID for each attachment and submit this ID on your electronic claim</i>	<input type="text"/>
Billing Entity TIN: <i>Type II NPI is also acceptable</i>	<input type="text"/>
Clinic Name:	<input type="text"/>
Patient Name:	<input type="text"/>
<i>last</i> <i>first</i> <i>middle</i>	
HealthPartners Member ID:	<input type="text"/>
Date Attachment Sent:	<input type="text"/>
Total # Pages for Attachment: <i>Including this cover form</i>	<input type="text"/>
Clinic Contact: <i>(name and phone #)</i>	<input type="text"/>

Disclaimer:

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