

Behavioral Healthcare Providers

Complete form, sign and fax (or mail) to:

Fax:

763-486-4435

Mail:

Attn: Billing
1405 North Lilac Drive, Suite 151
Golden Valley, MN 55422

Blank forms may be copied.

Call LTC at (888) 941-8967 if you have questions.

Behavioral Healthcare Providers will generate a username that will allow you to access our claims website. Your username will be sent to you via email. A second email will be sent with your password once your signed Confidentiality Statement (below) is received by BHP.

Fax: 763-486-4435

Mail: Attn: Billing
1405 North Lilac Drive, Suite 151
Golden Valley, MN 55422

Provider/Practice Name: _____

Tax ID: _____

Part I:
Behavioral Healthcare Providers (BHP) Confidentiality and Security Statement

As a user of Behavioral Healthcare Providers Claim System, I understand my responsibilities concerning security of all information systems I have been authorized access to use. I have access to the Claim System in order to complete my job effectively, efficiently and securely on behalf of the patients.

I understand that BHP systems contain confidential patient information. I understand that I am responsible and accountable for the security of confidential information under my direct control including, but not limited to, active system sessions and printed outputs. I understand that I may only access patients to which I have a direct treatment relationship and that I must have a "need to know" to access patients confidential information in the BHP system.

- I understand the following security policy pertains to me and is in my control
- I am responsible for signing this confidentiality security statement.
- I will not share my password with anyone.
- I will not store my password in an insecure location.
- I will not leave a workstation unprotected in an uncontrolled area.
- I understand that when I leave the immediate vicinity of my workstation I should logoff.
- I understand that I am accountable for all actions on BHP systems that occur under my user ID, therefore I will not share my account access with anyone.
- I understand that my use of BHP systems is for work-related use only.

I understand the following:

- BHP reserves the right to monitor the use of all BHP computing resources
- BHP reserves the right to review user accounts and workstations in order to make determinations on whether or not specific uses of the information systems are appropriate.
- BHP reserves the right to revoke any access to any computing service at any time if there is suspicion of violation of policy.

Provider Signature: _____ **Date:** _____

Part II:

If you wish to designate a billing service to pick up your rejected claims (or your remits – coming shortly), please complete the approval form below and return to BHP. We will set up your designated billing service with a username and password.

I authorize Lindsay Technical Consultants, Inc. (billing service/staff) to obtain a login and password to use with BHP's electronic claim system on my behalf. My authorization allows BHP to give Lindsay Technical Consultants, Inc. (billing service/staff) the ability to submit claims, review rejected claims, and view remittance advice under my tax id number.

Provider Approval Signature: _____ **Date:** _____

Please contact BHP's Billing Department if you need additional details on the claim rejection process or website assistance.

Thank you,
BHP Billing Department
763-525-9919