

PROVIDER CLAIM FORM

<https://assisthealthgroup.com/upload>



APPOINTMENT INFORMATION

Patient ID	
Patient Name	
Date of Birth	
Date Of Service	
Claim Type	<input type="checkbox"/> PHYSICIAN <input type="checkbox"/> FACILITY <input type="checkbox"/> ANESTHESIA <input type="checkbox"/> PATHOLOGY/LAB <input type="checkbox"/> RADIOLOGY
COMPONENT	<input type="checkbox"/> GLOBAL <input type="checkbox"/> PROF COMPONENT <input type="checkbox"/> TECHNICAL COMONENT

PROVIDER INFORMATION

Provider Name	
Contact Name (for questions)	
Phone	
Send Check To Address	

#	CPT CODE	AMOUNT
1		
2		
3		
4		
5		
6		
	Total Amount Requested	\$ _____

How to submit a claim to Assist Health Group?

Assist Health Group accept claims in the following methods.

- 1) Secure Upload : <https://assisthealthgroup.com/upload/>
- 2) EDI Claims : Payer ID 86147
- 3) Fax : 847-847-2888
- 4) Email : billing@assisthealthgroup.com
- 5) Mail : 2100 Valley View Ln #490, Farmers Branch TX 75234

Do I have to use this claim form to submit a claim?

No. This template is only provided as a convenience to providers. Claims are accepted in a variation of formats, including the CMS 1500 which will result in the fastest processing.

Payment Timeline

All claims are promptly paid within 30 days. Sign up for EFT payments at assisthealthgroup.com/eft.pdf

Provider Support

Have a question? Need claim status?

Phone : 888-996-0650 x 2

Email Support : billing@assisthealthgroup.com