

Provider Signature Requirements

Partnership HealthPlan of California is preparing for our transition to our new claims system, HealthRules Payer (HRP). We wanted to remind our provider network that all CMS 1500 paper claim submissions to Partnership require **a wet provider signature** in Box 31. Any data submitted that is outside of the data field will result in claim rejection, therefore delaying any payments.

For paper CMS-1500 claims Box 31:

- ✓ An original signature is required.
- ✓ Signature must be written, not printed.
 - ✓ The signature may be from anyone authorized to bill on the provider's behalf; it does not need to be the rendering provider's signature.
- ✓ Must use black ballpoint pen
- ✓ To enroll in electronic claims submission, please contact our EDI team at EDIenrollment@partnershiphp.org

Note: Be sure that the signature is within the boundaries of the designated field.

31. SIGNATURE OF PHYSICIAN OR SUPPLIER
INCLUDING DEGREES OR CREDENTIALS
(I certify that the statements on the reverse
apply to this bill and are made a part thereof.)

SIGNED _____ DATE _____

NUCC Instruction Manual available at: www.nucc.com

[illegible]

If you have any questions related to our new claims system, please reach out to the Provider Relations Department at PartnershipProviderEducation@partnershiphp.org.