



801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080

tel 650.616.0050

fax 650.616.0060

tty 800.735.2929 or dial 7-1-1

www.hpsm.org

July 30, 2024

Submit Claims Through Change Healthcare Using Dental 837 Forms

Dear Dental providers,

We are pleased to inform you of an important update to the claims submission process. HPSM Dental providers can now submit claims through Change Healthcare.

Starting this month, HPSM Dental providers can submit claims through Change Healthcare using dental 837 forms. Claims can be sent electronically to **Payer ID: HPSM1**. This process is designed to streamline claims submissions, improve efficiency, and ensure timely processing.

To check on a claim status visit our Provider Portal here:

<https://www.hpsm.org/provider/portal>

Review how to submit claims through our Provider Manual:

https://www.hpsm.org/docs/default-source/provider-manual/2024-provider-manual.pdf?sfvrsn=23d75b2e_23

Please direct questions to HPSM Provider Services at PSInquiries@hpsm.org.

Thank you,

The Health Plan of San Mateo

