

Ch	PayerId	Payer Names	States	Par	Typ	Lob	Services	Additional Information
	13162	1199 National Benefit Fund		Par		M	Claims	
	13162	1199 National Benefit Fund		Par		M	Remittance Image	
	29076	1st Medical Network - Atlanta GA		Par		M	Claims	1st Medical Network is part of the Medical Mutual Family of Companies. Former payer ID 58203.
	29076	1st MN--Atlanta GA		Par		M	Claims	1st Medical Network is part of the Medical Mutual Family of Companies. Former payer ID 58203.
Call		21st Century Health & Benefits		Par		M	Remittance Image	
	59069	21st Century Health and Benefits		Par		M	Claims	
	51028	21st Century Insurance and Financial Services		Par		M	Claims	For Minnesota Only
	51028	21st Century Insurance and Financial Services		Par		M	ERA	For MINNESOTA ONLY
	20413	3P ADMIN		Par		M	Claims	Available through the Emdeon Payment Manager or other Revenue Cycle Management products offered by Emdeon. For more information about Payment Manager -
	20413	3P ADMIN		Par		M	Remittance Im	http://www.emdeon.com/ProviderSolutions/payment-manager/index.php
	93044	A & I Benefit Plan Administrators		Par		M	Claims	
	95241	A.G.I.A. Inc.		Par		M	Remittance Image	
	95241	A.G.I.A. Inc.		Par		M	Claims	Claims are printed and mailed to the payer.
	75240	AAG Benefit Plan Administrators Inc.		Par		M	Claims	
	75185	AAG-American Administravie Group (Formerly Icon Benefit Admin)		Par		M	Claims	
E3510		ABMA (Alta Bates Medical Assocs) Medical Corp (Hnet Sr. and Secure Horizon)		Par		M	Claims	Only claims from providers in Northern California. Please contact the EDI Dept for North American Medical Management (NAMM) - Northern California Lead/Supervisor at 1-800-956-8000 prior to initial submission of claims. Prior to submitting claims please call Provider Relations Dept at 1-866-433-6041 to verify your provider info is on file in the claim system. This will prevent rejections and allow payments to be made in a timely
	68055	Absolute Total Care		Par		M	Claims	
	64071	Acclaim		Par		M	Claims	
	21356	Acclaim Repricing		Par		M	Claims	
	87066	ACMG		Par		M	Claims	
	72468	ACS Benefit Services Inc.		Par		M	Remittance Im	Available through the Emdeon Payment Manager or other Revenue Cycle Management products offered by Emdeon. For more information about Payment Manager - http://www.emdeon.com/ProviderSolutions/payment-manager/index.php
	72467	ACS Benefit Services Inc.		Par		M	Claims	DO NOT send ACS/Health Net or ACS Inc. Medicaid claims to this payer ID. This payer ID is for ACS Benefit Services, Inc. ONLY. Available through the Emdeon Payment Manager or other Revenue Cycle Management products offered by Emdeon. For more information about Payment Manager -
	72467	ACS Benefit Services Inc.		Par		M	Remittance Im	http://www.emdeon.com/ProviderSolutions/payment-manager/index.php
	36112	ACS Rewards Administration Center		Par		M	Claims	
	88056	Activa Benefit Services		Par		M	Claims	
	91173	Adaptis		Par		M	ERA	NPI is required for ERA Enrollment
	38265	Administration Systems Research Corporation		Par		M	Claims	Available through the Emdeon Payment Manager or other Revenue Cycle Management products offered by Emdeon. For more information about Payment Manager -
	22384	Administrative Concepts Inc.		Par		M	Remittance Im	http://www.emdeon.com/ProviderSolutions/payment-manager/index.php
	22384	Administrative Concepts Inc.		Par		M	Claims	
	59141	Administrative Services Inc.		Par		M	Claims	
	58202	ADVANCED DATA SOLUTIONS		Par		M	Claims	
	68056	Advantage by Bridgeway Health Solutions		Par		M	Claims	
	68056	Advantage by Buckeye Community Health Plan		Par		M	Claims	
	68056	Advantage by Managed Health Services		Par		M	Claims	
	68056	Advantage by Superior HealthPlan		Par		M	Claims	
	35209	Advantage Health Solutions		Par		M	Claims	
	35209	Advantage Health Solutions		Par		M	Remittance Image	
	83077	Advantek Benefit Administrators		Par		M	Claims	
	25133	Advantra Freedom		Par		M	Claims	Formerly payer ID 25152. Now part of Coventry Consolidated payer ID.
	25152	Advantra Freedom		Par		M	ERA	
	25133	Advantra Savings		Par		M	Claims	Formerly payer ID 25152. Now part of Coventry Consolidated payer ID.
	25152	Advantra Savings		Par		M	ERA	
	95340	Adventist Health System West - Roseville CA		Par		M	Remittance Image	
	95340	Adventist Health System West - Roseville CA		Par		M	Claims	
	36320	Advocate Health Centers		Par		M	Claims	Required data elements needed for submission. Please contact Advocate Health Partners Operations Debbie Motz at (847) 699-4377 or Tony Hani (847) 699-4368 for more info.

					Required data elements needed for submission. Please contact Advocate Health Partners Operations Debbie Motz at (847) 699-4377 or John Campagna (847) 699-4368 for more info.
	65093 Advocate Physician Partners	Par	M	Claims	
Pilot	AEQUITAS CAPITAL MANAGEMENT	Par	M	Claims	
	60054 Aetna	Par	M	ERA	
	60054 Aetna	Par	M	Claims	
	60054 Aetna	Par	M	Rosters	
	60054 Aetna	Par	M	Encounters	
	Aetna Affordable Health Choices (SM) - 57604 SRC	Par	M	Claims	
	60055 Aetna Encounters	Par	M	Encounters	This is a BATCH ENCOUNTER payer. Please contact your Aetna Network Manager for submission requirements.
*	13334 Affinity Health Plan	Par	M	Claims	Please contact Affinity's EDI Coordinator before submitting claims electronically at EDI@Affinityplan.org or call (718)794-7592.
	13334 Affinity Health Plan	Par	M	Remittance Image	
	13333 Affinity Medicare Advantage	Par	M	Claims	Use payer id 13333 for all Affinity Medicare claims with dates of service on or after January 1 2010.
	95426 Affordable Benefit Administrators Inc. AFL-CIO Food & Beverage Dealer's Trust	Par	M	Claims	Claims with the following address should only be sent to this payer id. ABA P.O. Box 10787 Burbank CA 91510-0787
	34444 Fund (Toledo OH)	Par	M	Remittance Image	
	13346 AFTRA Health Fund	Par	M	Claims	
	37280 AGA	Par	M	Claims	
	20048 Agate Resources Inc. (LIPA)	Par	M	Claims	Please contact Risa Rhodes at (514) 762-2165 for the Agate Resources Inc. (LIPA) Payer ID
	64158 Agency Services Inc	Par	M	Claims	Now known as Meritain Health
	31138 AHPO (Cleveland OH)	Par	M	Claims	
	91136 Alaska Children's Services Inc.	Par	M	Claims	Please enter Group Number (P68) when submitting claims.
	91136 Alaska Children's Services Inc.	Par	M	Remittance Image	
	92600 Alaska Electrical Health & Welfare Fund Alaska Laborers Construction Industry	Par	M	Claims	
	91136 Trust	Par	M	Claims	Please enter Group Number (F23) when submitting claims.
	91136 Alaska Pipe Trades Local 375	Par	M	Claims	Please enter Group Number (F24) when submitting claims.
	Alaska United Food & Commercial Workers Health & Welfare Trust	Par	M	Claims	Please enter Group Number (F45) when submitting claims.
	13550 ALICARE	Par	M	Claims	
	81040 Allegiance Benefit Plan Management Inc. Alliance Healthcare/Stones River Regional	Par	M	Claims	
	13079 IPA	Par	M	Claims	
Call	Alliance The (A Wisconsin provider network)	Par	M	Claims	ID cards should show mailing address of PO Box 44365 Madison WI 53744. Call Dave Sell at 608-210-6656 to obtain Payer ID.
	58234 Alliant Health Plans of Georgia	Par	M	Claims	
	94177 Allied Administrators (San Francisco CA)	Par	M	Claims	
	37308 Allied Benefit Systems	Par	M	Claims	
Call	Alta Bates Medical Group	Par	M	Claims	Network ID required on all claims. Call Sutter Connect EDI Department at (800) 611-5191 to obtain Network ID prior to first submission. Only claims from providers in Northern California. Please contact the EDI Dept for North American Medical Management (NAMM) - Northern California Lead/Supervisor at 1-800-956-8000 prior to initial submission of claims.
E3510	Alta Senior Care (Hnet Sr and Secure Horizons only)	Par	M	Claims	Formerly Payer ID SX113. Now part of the Consolidated payer ID.
	25133 Altius (Utah)	Par	M	Claims	
	13550 Amalgamated Life	Par	M	Claims	
	13550 Amalgamated Life	Par	M	Remittance Image	
	13343 Amalgamated Life - PA / Alicare	Par	M	Claims	
	13343 Amalgamated Life - PA / Alicare	Par	M	Remittance Image	
	62176 AMCO	Par	M	Claims	
	75137 AmeriBen Solutions Inc.	Par	M	Claims	
	27517 Americaid Community Care (Maryland)	Par	M	Claims	
	27516 Americaid Community Care (New Jersey)	Par	M	Claims	
	75240 American Administrative Group	Par	M	Claims	
	American Administrators (West Des Moines Iowa)	Par	M	Claims	Please check the Insured ID card to verify the Payer ID before submitting claims. If you have questions please contact Provider Relations at 800-456-4584.
Call	American Administrators (West Des Moines Iowa)	Par	M	Remittance Image	
	American Administrators dba Select				
	42137 Benefit Administrators (W.DesMoines IA)	Par	M	Remittance Image	
	American Administrators dba Select				
	42137 Benefit Administrators (W.DesMoines IA)	Par	M	Claims	Please check the Insured ID card to verify the Payer ID before submitting claims. If you have questions please contact Provider Relations at 800-456-4584.
	95170 American Benefit Plan Administrators	Par	M	Claims	
	American Benefits Management (North Canton OH)	Par	M	Claims	Payer ID valid only for claims with a billing submission address of P.O. Box 35008 N. Canton OH 44735
	41161 American Chiropractic Network (ACN)	Par	M	Claims	

	American Chiropractic Network IPA of 41160 NY (ACNIPA)	Par	M	Claims	
	60305 American Community Mutual Insurance	Par	M	Claims	
	60305 American Community Mutual Insurance American Family Medicare Supplemental	Par	M	ERA	
	56071 Administered by Am Rep	Par	M	ERA	
	62030 American General	Par	M	Claims	
	62030 American General	Par	M	ERA	
	1066 American Healthcare Alliance	Par	M	Claims	
	36369 American Imaging Management Inc.	Par	M	Claims	Assigned Group Policy Plan ID is required. To obtain please call American Imaging Management Inc. at (800) 252-2021. Plan of UnitedHealthcare Please enter the Group Number from ID card when submitting claims. Payer ID valid only for claims with a billing submission address of 1100 Poydras Street Suite 2600 New Orleans LA 70163-2602.
	87726 American International Group Inc. (AIG)	Par	M	Claims	
	72099 American LIFECARE	Par	M	Claims	
	81400 American Medical Security Inc.	Par	M	Claims	
	74048 American National Ins. Co. (ANICO) American Postal Workers Union Health	Par	M	Claims	
	44444 Plan American Progressive Life and Health	Par	M	Claims	Claims for the state of Maine ONLY must be sent on paper to MedNet P. O. Box 15440 Portland ME 04112.
	48055 Insurance Company	Par	M	Claims	
	42011 American Republic Insurance	Par	M	Claims	
	42011 American Republic Insurance	Par	M	ERA	
	37322 American Worker Health Plan Americas 1st Choice Health Plans of South	Par	M	Claims	
	20553 Carolina Inc.	Par	M	Claims	
	16120 America's PPO	Par	M	Claims	
	41178 America's PPO/America's TPA	Par	M	Claims	
	41178 America's TPA	Par	M	Claims	
	AmeriChoice by UnitedHealthcare-New NYU01 York	Par	M	ERA	If you are currently receiving ERA with another clearinghouse you will need to contact the payer to verify change of ERA Enrollment to
	AmeriChoice of New Jersey Inc. (Medicaid 86047 NJ)	Par	M	Claims	
	AmeriChoice of New Jersey Inc. (Medicaid 86047 NJ)	Par	M	ERA	If you are currently receiving ERA with another clearinghouse you will need to contact the payer to verify change of ERA Enrollment to All claims submitted require your AmeriChoice assigned Provider ID Number. Please contact AmeriChoice at (888) 362-3368 for your Provider ID Number.
	AmeriChoice of New Jersey Personal Care 86001 Plus (Medicare)	Par	M	Claims	
	AmeriChoice of New York Inc. (Medicaid 86048 NY)	Par	M	Claims	
	AmeriChoice of New York Personal Care 86002 Plus (Medicare)	Par	M	Claims	All claims submitted require your AmeriChoice assigned Provider ID Number. Please contact AmeriChoice at (866) 362-3368 for your Provider ID Number.
	AmeriChoice of Pennsylvania Inc. 86049 (Medicaid PA)	Par	M	Claims	
	AmeriChoice of Pennsylvania Inc. 86049 (Medicaid PA)	Par	M	ERA	If you are currently receiving ERA with another clearinghouse you will need to contact the payer to verify change of ERA Enrollment to All claims submitted require your AmeriChoice assigned Provider ID Number. Please contact AmeriChoice at (800) 345-3627 for your Provider ID Number.
	AmeriChoice of Pennsylvania Personal 86003 Care Plus (Medicare)	Par	M	Claims	
	27514 Amerigroup Community Care AMERIGROUP Community Care of New	Par	M	Claims	
	27514 Mexico	Par	M	Claims	
	27514 Amerigroup Corporation (Ft Worth)	Par	M	Claims	Formally Americaid Community Care (Dallas/Ft. Worth). Formerly Americaid Community Care (Houston).
	27515 Amerigroup Corporation (Houston)	Par	M	Claims	
	27519 Amerigroup Florida	Par	M	Claims	
	27514 AMERIGROUP Georgia	Par	M	Claims	
	27518 Amerigroup Illinois	Par	M	Claims	
	27518 Amerigroup Ohio	Par	M	Claims	
	22248 AmeriHealth Mercy Health Plan	Par	M	Claims	Medicaid managed care. For EDI support please e-mail edi.amhp@kmhp.com.
	22248 AmeriHealth Mercy Health Plan	Par	M	EFT	
	22248 AmeriHealth Mercy Health Plan	Par	M	Remittance Image	
	22248 AmeriHealth Mercy Health Plan	Par	M	ERA	
	53085 Anchor Benefit Consulting Inc.	Par	M	Claims	
	86062 Ancillary Benefit Services (ABS)	Par	M	Claims	
	3172 Ancillary Care Management/ACM	Par	M	Claims	
	34192 Antares Management Solutions	Par	M	Claims	
	34192 Antares Management Solutions	Par	M	ERA	
	16140 APA Partners Inc.	Par	M	Claims	
	34196 Apex Benefit Services	Par	M	Claims	Apex is also a Medicaid payer and will accept claims with either a Medicaid or Commercial classification
	54160 APS Healthcare Inc.	Par	M	Claims	
	54100 APS Paper Claim	Par	M	Claims	Claims will be printed and mailed to APS Paper Claim 54100.
	16120 ARAZ Group	Par	M	Claims	

77045	Arcadian Management Services Inc	Par	M	Claims	
77045	Arcadian Management Services Inc	Par	M	Remittance Image	
	Arizona Foundation for Medical Care				
86062	(AFMC)	Par	M	Claims	
3432	Arizona Physicians IPA	Par	M	Claims	
3432	Arizona Physicians IPA	Par	M	ERA	If you are currently receiving ERA with another clearinghouse you will need to contact the payer to verify change of ERA Enrollment to
	Arkansas Best Corporation - Choice				
75278	Benefits	Par	M	Claims	
71603	Arkansas Municipal League	Par	M	Claims	
95440	Arnett Health Plans	Par	M	Claims	
Call	ASC of Oho	Par	M	Claims	Payer requires unique Provider ID for billing rendering or referring provider fields. Contact Arnett Health Plan's EDI Coordinator at 1-888-448-7440 for additional information prior to first claims submission. To obtain the payer ID please call (440) 262-1160.
38265	ASR	Par	M	Claims	
38265	ASR Corporation	Par	M	Claims	
38265	ASR Health Benefits	Par	M	Claims	
36326	Associates for Health Care Inc. (AHC)	Par	M	Claims	
25133	Association Benefit Plan	Par	M	Claims	Formerly payer ID 62413 Now part of Coventry Consolidated payer ID. Including Combined Government Health Plan & Contract Health Insurance Plan.
62413	Association Benefit Plan	Par	M	ERA	Including Combined Government Health Plan & Contract Health Insurance Plan
39065	Assurant Health	Par	M	ERA	
39065	Assurant Health	Par	M	Claims	
37313	Assurant Health Self-Funded (Ft. Mill SC)	Par	M	Claims	MUST VERIFY ALL CLAIMS SHOULD GO TO PAYER IN FT. MILL SC
37323	Assurant MiniMed-Key Family	Par	M	Claims	
88035	AssureCare Inc.	Par	M	Claims	
88035	AssureCare Inc.	Par	M	Remittance Image	
74240	Assured Benefits Administrators	Par	M	Claims	
37294	ASW \ Lifewise	Par	M	Claims	Payer moved to live with vision and dental claims on 6/22. Now they are allowing all other medical claim submitter to send.
95691	Athens Area Health Plan Select	Par	M	Claims	
22285	Atlantic Medical Insurance	Par	M	Claims	
	Atlanticare [also known as Horizon				
22304	HealthCare Admin (HHA)]	Par	M	Claims	
13853	Atlantis Health Plan	Par	M	Claims	
37242	Aultra Administrative Group	Par	M	Claims	Payer ID valid only for claims with a billing submission address of P.O. Box 35276 Canton OH 44735-5276
38259	Automated Benefit Services	Par	M	Claims	
37280	Automated Group Administration Inc.	Par	M	Claims	Please send these EDI claims to the Payer ID of the PPO shown on the Member's ID Card. If you have any questions please call 260-489-6447 (703).
88050	Auxiant	Par	M	Claims	
46045	Avera Health Plans	Par	M	Claims	
48055	AveraAdvantage	Par	M	Claims	
59274	AvMed Inc.	Par	M	Claims	The Insured ID and Patient ID fro this payer must be the 11-digit Member ID.
16114	Azeros Health Plans Inc.	Par	M	Claims	
SX145	Banner Health AZ	Par	M	Claims	
SX145	Banner Health AZ	Par	M	Remittance Image	
	Banner Health Co - ROCKY MOUNTAIN				
SX145	HMO GREELEY	Par	M	Claims	
SX145	Banner Health Co. - ANTERO GREELEY	Par	M	Claims	
	Banner Health Co. - ANTERO HIGH				
SX145	PLAINS	Par	M	Claims	
	Banner Health Co. - ANTERO				
SX145	MOUNTAIN SHADOWS	Par	M	Claims	
SX145	Banner Health Co. - CHOICE PLUS	Par	M	Claims	
SX145	Banner Health Co. - HMO GREELEY	Par	M	Claims	
SX145	Banner Health Co. - HMO HIGH PLAINS	Par	M	Claims	
	Banner Health Co. - HMO MOUNTAIN				
SX145	SHADOWS	Par	M	Claims	
	Banner Health Co. - PACIFICARE				
SX145	GREELEY	Par	M	Claims	
	Banner Health Co. - PACIFICARE HIGH				
SX145	PLAINS	Par	M	Claims	
	Banner Health Co. - PACIFICARE				
SX145	MOUNTAIN SHADOWS	Par	M	Claims	
	Banner Health Co. - ROCKY MOUNTAIN				
SX145	HMO HIGH PLAINS	Par	M	Claims	
	Banner Health Co. - SECURE HORIZONS				
SX145	GREELEY	Par	M	Claims	

SX145	Banner Health Co. - SECURE HORIZONS HIGH PLAINS	Par	M	Claims	
SX145	Banner Health Co. - SECURE HORIZONS MOUNTAIN SHADOWS	Par	M	Claims	
	37248 Bass Administrators Inc.	Par	M	Claims	
	49153 BCI Administrators Inc.	Par	M	Claims	
					Plan ID-Field 11-1500. NHP of MA=001;Hudson Health Plan=004;Fallon Community Plan=005;NHP of RI=006;Affinity Health Plan=009;DC Chartered Health Plan=013;Health Right=014;Neighborhood Health Providers of New York=015;TouchstoneHealth=018
	43324 BEACON HEALTH STRATEGIES	Par	M	Claims	
	95377 Beech Street	Par	M	Claims	
	63100 Behavioral Health Systems	Par	M	Claims	
	33192 Bencomp National Corporation	Par	M	Claims	
	88055 Benefit Admin Services	Par	M	Claims	
	36149 Benefit Administrative Systems	Par	M	Remittance Image	
	36149 Benefit Administrative Systems	Par	M	Claims	
	Benefit Coordinators Corporation 25145 (Pittsburgh PA)	Par	M	Claims	Payer ID valid only for claims with a billing submission address of 111 Ryan Court Suite 300 Pittsburgh PA 15205. This payer will only accept medical and hospital claims for these groups listed: BMI187BMI219BMI234BMI236BMI214.BMI241BMI617 BMI245.BMI246
	48611 Benefit Management Inc. of KS	Par	M	Claims	
Call	BENEFIT MANAGEMENT SERVICES	Par	M	Claims	Please contact Chris Burak at (704) 321-3156 for payer id information.
	37212 Benefit Management Systems Inc	Par	M	Claims	
	88052 Benefit Plan Administrators	Par	M	Claims	
	Benefit Plan Administrators Co. (Eau 39081 Claire WI)	Par	M	Claims	Payer ID valid only for claims with a billing submission address of P.O. Box 1128 Eau Claire WI 54702-1128.
	Benefit Plan Administrators Co. (Eau 39081 Claire WI)	Par	M	Remittance Image	
	Benefit Plan Administrators Inc. (Roanoke 37118 VA)	Par	M	Remittance Image	
	Benefit Plan Administrators Inc. (Roanoke 37118 VA)	Par	M	Claims	Please call Mary Bender at (540) 345-2721 to verify if you should be sending to the Benefit Plan Administrators Inc. in Roanoke VA.
	74223 Benefit Planners Inc.	Par	M	Claims	
Call	Benefit Services	Par	M	Remittance Image	
	36342 Benefit Systems & Services Inc. (BSSI)	Par	M	Claims	
	87265 Benesight	Par	M	Claims	(Formerly known as The TPA)
	37248 Benesys	Par	M	Claims	
	37248 Benesys Inc.	Par	M	Claims	
	37248 Benesys Inc.	Par	M	Remittance Image	
	Berkshire Health Partners - PPO Wyomissing PA (IHS Gateway Payer)	Par	M	Claims	Before submitting please contact Lori Calpino at (610) 372-8044 ext. 3019
Call	Berkshire Lehigh Partners	Par	M	Claims	
	95604 Best Life & Health Insurance Co.	Par	M	Claims	
	62183 Better Health Plans Inc.	Par	M	Claims	Now known as Unison Health Plan
	32006 Better Health Plans of South Carolina	Par	M	Claims	
	15754 Blue Grass Family Health/SRRIPA	Par	M	Claims	
	61124 Bluegrass Family Health	Par	M	Claims	
	61124 Bluegrass Family Health	Par	M	EFT	
	61124 Bluegrass Family Health	Par	M	Remittance Image	
	61124 Bluegrass Family Health		M	ERA	
	13337 BMC HealthNet Plan	Par	M	Claims	Submissions to BMCHP must include the correct 12 digit BMCHP Provider ID # including all leading zeros.
	20018 BMGI - Benefit Management Group Inc. Boilermakers National Health & Welfare	Par	M	Claims	
	36609 Fund	Par	M	Claims	
	74238 Boon-Chapman Benefit Administrators	Par	M	Claims	
	13337 Boston Medical Center Health Plan Inc.	Par	M	Claims	Submissions to BMCHP must include the correct 12 digit BMCHP Provider ID # including all leading zeros.
	13337 Boston Medical Center Health Plan Inc.	Par	M	Encounters	
	20381 Boulder Administration Services	Par	M	Claims	
	BPA/Benefit Plan Administrators (North 37286 Dakota)	Par	M	Claims	
	13310 BPS Inc.	Par	M	Claims	
	52192 Bravo Health	Par	M	Claims	Formerly known as Elder Health Inc. serving members in Pennsylvania Maryland Delaware Texas and Washington DC. Not to be confused with ElderPlan in NY. Formerly known as Elder Health Inc. serving members in Pennsylvania Maryland Delaware Texas and Washington DC. Not to be confused with ElderPlan in NY.
	52192 Bravo Health	Par	M	Claims	
	52192 Bravo Health	Par	M	ERA	
	52192 Bravo Health	Par	M	ERA	

68054	Bridgeway Arizona	Par	M	Claims	Prior to submitting claims please call Provider Relations Dept. at 1-866-475-3129 to verify your provider info is on file in the Health Plans claim system. This will prevent rejections and allow payments to be made in a timely manner.
68054	Bridgeway Arizona	Par	M	ERA	
22286	BritCay	Par	M	Claims	
51037	Brokerage Concepts Inc.	Par	M	Claims	
35182	Brodart	Par	M	Claims	
Call	Brokerage Service Inc	Par	M	Claims	To obtain the payer ID please call (440) 262-1160.
37314	Broward Health	Par	M	Claims	
94316	Brown & Toland Medical Group	Par	M	Claims	
94316	Brown & Toland Medical Group	Par	M	ERA	
BTSS1	Brown and Toland Medical Group	Par	M	Claims	
Call	BSI	Par	M	Claims	To obtain the payer ID please call (440) 262-1160. Prior to submitting claims please call Provider Relations Dept at 1-866-296-8731 to verify your provider info is on file in the claim system. This will prevent rejections and allow payments to be made in a timely
32004	Buckeye Community Health	Par	M	Claims	
32004	Buckeye Community Health	Par	M	ERA	
42150	Butler Benefit	Par	M	Claims	
23708	C&O Employees Hospital Association	Par	M	Claims	
73071	C. L. Frates & Co - OSMA Health	Par	M	Claims	
33192	Cadent Administrators	Par	M	Claims	
33192	Cadent Underwriters	Par	M	Claims	
99105	California Physician Services	Par	M	Encounters	
38247	CAM Administrative Services	Par	M	Remittance Image	
	Cannon Cochran Management Services				
71057	Inc. Metairie LA	Par	M	Remittance Image	
	Cannon Cochran Management Services				
71057	Inc. Metairie LA	Par	M	Claims	
95399	CAP Management Systems	Par	M	Claims	E-print address: CAP Management Systems Attn: Steve Marshall 16030 Ventura Blvd Suite 200 Encino CA 91436
38245	Cape Health Plan	Par	M	Claims	
87726	Capital Community Health Plan	Par	M	Claims	
CX037	Capital Dental	Par	M	Remittance Image	Payer will accept either rendering provider UPIN or NPI on claims. Before submitting NPI please call Capital Health Plan at 850-523-7361 to register your NPI numbers with them.
95112	Capital Health Plan	Par	M	Claims	
68011	Capitol Administrators	Par	M	Claims	
68011	Capitol Administrators	Par	M	Remittance Image	
86044	CAPSTONE HEALTH PLAN INC	Par	M	Claims	
57116	Care 1st Health Plan of Arizona	Par	M	Claims	
77082	Care Improvement Plus	Par	M	Claims	
41222	Care To Care	Par	M	Claims	
27004	Care Wisconsin Health Plan (Trizetto)	Par	M	Claims	
11345	CareCentrix	Par	M	Claims	Enrollment required prior to claim submission. Please contact Rebecca Sweetman by email Rebecca.Sweetman@CareCentrix.com Enrollment required; please contact Noreen at (248) 489-5281.
38269	Carechoices Michigan - Mercy Healthplans	Par	M	Claims	
14182	CareCore National	Par	M	Claims	
14184	CareCore National - Healthnet	Par	M	Claims	
	CareCore National LLC - Health Net New Jersey				
14185	CareCore National LLC (Aetna Radiology	Par	M	Claims	
14179	Claims)	Par	M	Claims	
	CareCore National LLC (Oxford Radiology				
14180	Claims)	Par	M	Claims	
75191	CareFirst Administrators/NCAS	Par	M	Claims	
16147	CareGuide	Par	M	Claims	
16147	CareGuide	Par	M	Remittance Image	Formerly payer ID 25139. Now part of Coventry Consolidated payer ID. Carelink Commercial & Advantra claims only. For Carelink Medicaid send claims to payer ID 25140
25133	Carelink Health Plan	Par	M	Claims	
25139	Carelink Health Plan	Par	M	ERA	
25139	Carelink Health Plan	Par	M	ERA	
25140	Carelink Medicaid	Par	M	ERA	
25140	Carelink Medicaid	Par	M	Claims	
25140	Carelink Medicaid	Par	M	Claims	
25140	Carelink Medicaid	Par	M	ERA	
25142	Carenet	Par	M	Claims	
25142	Carenet	Par	M	ERA	
25142	Carenet	Par	M	ERA	
25142	Carenet	Par	M	Claims	
93975	CareOregon Inc.	Par	M	Claims	
65031	CarePlus Health Plans Inc.	Par	M	Claims	(Formerly Physicians Healthcare Plans Inc)
31114	CareSource OH	Par	M	Claims	

10010 Careworks	Par	M	Claims	Payer is receiving NSF 3.0. eMCDS file is sent to OKC and then translated to NSF3.0. Files are then pushed to Careworks' Production Server.
77015 Carilion Clinic Medicare Health Plan	Par	M	Claims	
62073 Cariten Healthcare	Par	M	ERA	Forms are available on our website.
62072 Cariten Senior Health	Par	M	ERA	Forms are available on our website.
29076 Carolina Care Plan	Par	M	Claims	Carolina Care Plan is part of the Medical Mutual Family of Companies. Former payer ID 57105.
SX191 Carolina Crescent Health Plan Inc.	Par	M	Claims	Enrollment forms are available on our website
56195 Carolina Summit Healthcare Inc. Carpenter's Health and Welfare Trust Fund	Par	M	Claims	
25125 of St. Louis	Par	M	Claims	Utilizes the CMR Network.
SX183 Catholic Healthcare West	Par	M	Claims	
55438 CBCA Administrators	Par	M	Claims	
55438 CBCA Administrators	Par	M	Remittance Image	
41170 CBCA Administrators (HRM)	Par	M	Claims	[Formerly Health Risk Management (HRM)]
87065 CDO Technologies	Par	M	Claims	
88022 CDS Group Health	Par	M	Claims	
95166 Cedars-Sinai Medical Network Services	Par	M	Claims	
95167 Cedars-Sinai Medical Network Services	Par	M	Encounters	
68060 CeltiCare	Par	M	Claims	
Cement Masons & Plasterers Health & 91136 Welfare Trust	Par	M	Claims	Please enter Group Number (F16) when submitting claims. Prior to submitting claims please call Provider Relations Dept at 1-866-495-6748 to verify your provider info is on file in the claim system. This will prevent rejections and allow payments to be made in a timely
68048 Cenpatico - Arizona	Par	M	Claims	
68058 Cenpatico - FL	Par	M	Claims	
68050 Cenpatico - Georgia	Par	M	Claims	Prior to submitting claims please call Provider Relations Dept at 1-800-947-0633 to verify your provider info is on file in the claim system. This will prevent rejections and allow payments to be made in a timely Prior to submitting claims please call Provider Relations Dept at 1-877-647-4848 to verify your provider info is on file in the claim system. This will prevent rejections and allow payments to be made in a timely
68052 Cenpatico - Indiana	Par	M	Claims	Prior to submitting claims please call Provider Relations Dept at 1-866-896-7293 to verify your provider info is on file in the claim system. This will prevent rejections and allow payments to be made in a timely
68047 Cenpatico - Kansas	Par	M	Claims	
68051 Cenpatico - OHIO	Par	M	Claims	
68061 Cenpatico Massachusetts	Par	M	Claims	
68059 Cenpatico South Carolina	Par	M	Claims	
68056 Centene Advantage Plans	Par	M	Claims	
31118 Central Benefits Life	Par	M	Claims	
31118 Central Benefits Mutual	Par	M	Claims	
31118 Central Benefits National	Par	M	Claims	
31118 Central Benefits National	Par	M	ERA	
34097 Central Reserve Life	Par	M	Claims	
34097 Central Reserve Life	Par	M	ERA	
62218 Central SeniorCare	Par	M	Claims	
36215 Central States Health & Welfare Funds	Par	M	Claims	
77035 Central Valley Medical Group	Par	M	Claims	Only claims from providers in Northern California. Please contact the EDI Dept for North American Medical Management (NAMM) - Northern California Lead/Supervisor at 1-800-956-8000 prior to initial submission of claims.
E3510 Central Valley Medical Group	Par	M	Claims	
48120 Century Health Solutions	Par	M	Claims	
23171 CHA Health	Par	M	Claims	
23171 CHA Health	Par	M	ERA	
84146 CHAMPVA - HAC	Par	M	Claims	CHAMPVA - HAC is not associated with and does not process claims for TRICARE (formerly CHAMPUS).
84146 CHAMPVA - HAC Chautauqua County Healthcare Plan	Par	M	ERA	
16600 (Mayville NY)	Par	M	Claims	
25151 CHCcares of South Carolina	Par	M	ERA	
25151 CHCcares of South Carolina	Par	M	Claims	
Chesapeake Life Insurance Company - 59223 Insurance Center	Par	M	Claims	Payer ID valid only if the address on the Health ID Card matches the following: P.O. Box 982017 North Richland Hills TX 76182.
Chesapeake Life Insurance Company - 59223 Insurance Center	Par	M	ERA	
34154 Chesterfield Resources Inc.	Par	M	Remittance Image	
34154 Chesterfield Resources Inc.	Par	M	Claims	
94321 Children First Medical Group Children of Women Vietnam Veterans-VA	Par	M	Claims	For questions regarding claim status providers will need to contact payer: CFMG Provider Customer Service 510-428-3154.
84146 HAC Children of Women Vietnam Veterans-VA	Par	M	Claims	
84146 HAC	Par	M	ERA	

Children's Medical Services - Broward			
	37314 NORTH	Par	M Claims
	94302 Chinese Community Health Plan CHOC - Children's Hospital Of Orange	Par	M Claims
	33065 County Health Alliance	Par	M Claims
	76049 Choice One/UTMB CHIP Health Plan	Par	M Claims
	90441 CHP DIRECT SUPERMED	Par	M Claims
Call	CHP/RPU (FABOH)	Par	M Claims
	61271 Christian Brothers Services	Par	M Claims
	62308 CIGNA	Par	M Claims
	62308 CIGNA - PPA	Par	M Claims
	62308 CIGNA - PPO	Par	M Claims
SX071	CIGNA Behavioral Health	Par	M Claims
	62308 CIGNA Health Plan - HMO	Par	M Claims
	86033 CIGNA Medicare Advantage	Par	M Claims
	27008 Claimshop- Employers Coalition on Health	Par	M Claims
	57080 ClaimsWare Inc. dba ManageMed	Par	M Claims
	33192 Clarendon's Healthy Kids	Par	M Claims
	95444 Clarian Health Plans Inc.	Par	M Claims
	77201 Clearchoice Health Plan / COIHS	Par	M Claims
	56211 CM Administrators Inc	Par	M Claims
	77052 Coastal Administrative Services	Par	M Claims
	38335 Cofinity	Par	M Claims
	37123 Colonial Healthcare	Par	M Claims
	22284 Colonial Medical	Par	M Claims
	84129 Colorado Access	Par	M Claims
	91162 Columbia United Providers	Par	M Claims
	91162 Columbia United Providers		M ERA
	34181 Commerce Benefits Group	Par	M Claims
	34181 Commerce Benefits Group	Par	M Remittance Image
	14315 Commonwealth Care Alliance	Par	M Claims
	23282 Community Care BHO	Par	M Claims
	Community Care Managed Health Care		
	73143 Plans of Oklahoma	Par	M Claims
	39126 Community Care Organization	Par	M Claims
	71079 Community Care Plus	Par	M Claims
	38325 Community Choice of Michigan	Par	M Claims
	26231 Community Claims Administration	Par	M Claims
	35193 Community Health Alliance	Par	M Claims
	48145 Community Health Choice	Par	M Claims
	Community Health Electronic		
	75261 Claims/CHEC/webTPA	Par	M Claims
*	62149 Community Health Network of CT	Par	M Claims
	90010 Community Health Plan	Par	M ERA
	90010 Community Health Plan	Par	M Claims
	Community Medical Group of the West		
	66121 Valley Inc.	Par	M Claims
	34177 Comp - Ohio (Austintown OH)	Par	M Claims
	37297 CompBenefits Corporation	Par	M Claims
	95192 CompCare	Par	M Claims
	59314 Comprehensive Behavioral Care	Par	M Claims
	3036 Comprehensive Benefits Administrator Inc.	Par	M Claims
	78375 Connecticut - Medicare	Par	M Claims
	6105 ConnectiCare Inc	Par	M Claims
	37307 Connecticut Carpenters Health Fund	Par	M Claims
	62308 Connecticut General (CIGNA)	Par	M Claims
	37135 Consociate Group	Par	M Claims
	37135 Consociate Group	Par	M Remittance Image
*	75284 Consolidated Associates Railroad	Par	M Claims
	87843 Consolidated Health Plans	Par	M Claims
	29076 Consumers Life Insurance Company	Par	M Claims
	71404 Continental General Insurance Company	Par	M ERA
	71404 Continental General Insurance Company	Par	M Claims
	35315 Continental Key Family	Par	M Claims
	Contractors Laborers Teamsters & 47046 Engineers	Par	M Claims
	55544 Conversion Plan-APWU	Par	M Claims
	35149 Cook Group Health Plan	Par	M Claims
	35149 Cook Group Health Plan	Par	M Remittance Image
	52132 Cooperative Benefit Administrators (CBA)	Par	M ERA

Payer ID rendering provider and location number required to submit claims. Please call Dave Sell at (608) 210-6656 to obtain.

Located in St. Joseph MO. Service area includes NW Missouri NE Kansas SW Iowa and SE Nebraska.

Accepts Medicaid Claims

Consumers Life insurance Company is part of the Medical Mutual Family of Companies.

Claims are printed and mailed to the payer.; For conversion plan members only. If filing a claim for a federal plan member please use payer ID 44444.

52132 Cooperative Benefit Administrators (CBA) COOPERATIVE MANAGED CARE	Par	M	Claims	To obtain the payer ID for this payer please contact CMCS Customer Service at (800) 352-7502
35199 SERVICES	Par	M	Claims	
58204 Coordinated Medical Specialists	Par	M	Claims	
58231 Core Administrative Services	Par	M	Claims	
41045 CoreSource AZ MN	Par	M	Claims	Only for claims where the "submit claims to address" on the medical ID card is a CoreSource address in the states of Arizona or Minnesota. For assistance call 800-698-0106. Email address is payorid41045@coresource.com; Full process for notification of a provider request for an 835 from WebMd/CoreSource Payer Id 41045 attached.
41045 CoreSource AZ MN	Par	M	ERA	Must Notify Payer
75136 CoreSource Little Rock	Par	M	ERA	
75136 CoreSource Little Rock	Par	M	Remittance Image	
75136 CoreSource Little Rock	Par	M	Claims	Only for claims where the "submit claims to address" on the medical ID card is a CoreSource address in Little Rock Arkansas. For assistance call 800-689-0106.
35182 CoreSource MD PA IL	Par	M	ERA	Email address is payorid35182@coresource.com
35182 CoreSource MD PA IL	Par	M	Remittance Image	
35182 CoreSource MD PA IL	Par	M	Claims	
35180 CoreSource NC IN	Par	M	ERA	Email address is payorid35180@coresource.com
35180 CoreSource NC IN	Par	M	Claims	Only for claims where the "submit claims to address" on the medical ID card is a CoreSource address in the states of North Carolina or Indiana. For assistance call 800-689-0106.
35183 CoreSource OH	Par	M	Claims	Only for claims where the "submit claims to address" on the medical ID card is a CoreSource address in the state of Ohio. For assistance call 800-689-0106.
35183 CoreSource OH	Par	M	ERA	Email address is payorid35183@coresource.com
35187 CoreSource-Internal	Par	M	Claims	
35202 Cornerstone Benefit Administrators	Par	M	Claims	
56116 Corporate Benefits Service Inc. (NC)	Par	M	Claims	Payer ID valid only for claims with a claims submission address of P.O. Box 12953 Charlotte NC 28220.
37246 Corporate Systems Administration	Par	M	Claims	
43160 Correctional Medical Services	Par	M	Claims	
62553 Country Life Insurance Company	Par	M	Claims	
58102 Covenant Administrators Inc. (Atlanta GA)	Par	M	Claims	
58102 Covenant Administrators Inc. (Atlanta GA)	Par	M	Remittance Image	
25133 Coventry Advantra Texas	Par	M	Claims	
25152 Coventry Advantra Texas	Par	M	ERA	
25133 Coventry Health & Life (Oklahoma)	Par	M	Claims	Now part of Coventry Consolidated payer ID
25133 Coventry Health & Life (Oklahoma)	Par	M	Claims	
25133 Coventry Health & Life (Oklahoma)	Par	M	ERA	
Coventry Health and Life Insurance				
25141 (Tennessee)	Par	M	ERA	
Coventry Health and Life Insurance				
25133 (Tennessee)	Par	M	Claims	Formerly payer ID 25141 Now part of Coventry Consolidated payer ID. Coventry's consolidated payer ID. Claims for all of these legacy payer IDs may now be submitted to this payer ID. 25126 25127 25128 25129 25130 25132 25135 25136 25139 25141 25146 25149 25152 62413 87043.
25133 Coventry Health Care	Par	M	Claims	
25149 Coventry Health Care - Nevada	Par	M	ERA	
25133 Coventry Health Care National Network Coventry Health Care National Network	Par	M	Claims	Formerly payer ID 87043 Now part of Coventry Consolidated payer ID.
87043 (f.k.a. First Health Direct)	Par	M	ERA	
25133 Coventry Health Care Nevada	Par	M	Claims	Formerly Payer ID 25149. Now part of the Consolidated payer ID.
25130 Coventry Health Care of Delaware Inc.	Par	M	ERA	
25130 Coventry Health Care of Delaware Inc.	Par	M	ERA	
25127 Coventry Health Care of Georgia Inc.	Par	M	ERA	
25133 Coventry Health Care of Georgia Inc.	Par	M	Claims	Formerly payer ID 25127. Now part of Coventry Consolidated payer ID.
25132 Coventry Health Care of Iowa Inc.	Par	M	ERA	
25132 Coventry Health Care of Iowa Inc.	Par	M	ERA	
25133 Coventry Health Care of Iowa Inc.	Par	M	Claims	Formerly payer ID 25132. Now part of Coventry Consolidated payer ID.
25133 Coventry Health Care of Kansas Inc.	Par	M	Claims	Now part of Coventry Consolidated payer ID
25133 Coventry Health Care of Kansas Inc.	Par	M	Claims	
25133 Coventry Health Care of Kansas Inc.	Par	M	ERA	
25133 Coventry Health Care of Louisiana Inc.	Par	M	Claims	Formerly payer ID 25135. Now part of Coventry Consolidated payer ID.
25135 Coventry Health Care of Louisiana Inc.	Par	M	ERA	
25135 Coventry Health Care of Louisiana Inc.	Par	M	ERA	
25133 Coventry Health Care of Nebraska Inc.	Par	M	Claims	Formerly payer ID 25136. Now part of Coventry Consolidated payer ID.
25136 Coventry Health Care of Nebraska Inc.	Par	M	ERA	
25136 Coventry Health Care of Nebraska Inc.	Par	M	ERA	
25133 Coventry Missouri	Par	M	Claims	Formerly payer ID 87043 Now part of Coventry Consolidated payer ID.
87043 Coventry Missouri	Par	M	ERA	
25133 Coventry of Health Care Delaware Inc.	Par	M	Claims	Formerly payer ID 25130. Now part of Coventry Consolidated payer ID.
64068 Creative Medical Systems	Par	M	Claims	
37320 Creative Plan Administrators	Par	M	Claims	

				Please enter the unique policy number or ID card when submitting claims. Payer ID valid only for claims with a billing submission address of PO Box 982005 Ft. Worth TX 76182.
	37266 Croy-Hall Mgmt. Inc.	Par	M Claims	
	39170 Custom Benefit Administrators	Par	M Claims	
	39170 Custom Benefit Administrators	Par	M Remittance Image	
	82056 Custom Design Benefits Inc.	Par	M Remittance Image	
	82056 Custom Design Benefits Inc.	Par	M Claims	
	57080 CWIBENEFITS INC.	Par	M Remittance Image	
	57080 CWIBENEFITS INC.	Par	M Claims	
Call	D.H. EVANS & ASSOC.	Par	M Claims	Call Jessica Picarde @ 410-349-3222 for Payer id.
	6172 Dart Management Corporation	Par	M Claims	
	DC Chartered Health Plan Inc. (Medicaid & Alliance)			PLEASE CONTACT Ronald Gray at 202-408-2229 TO JOIN CHARTERED HEALTH PLANS EDI NETWORK
	95748 & Alliance)	Par	M Claims	
	39113 Dean Health Plan	Par	M Claims	
	64159 Definity Health	Par	M Claims	
	27009 Delaware Physicians Care Inc.	Par	M EFT	Enroll with payer
	27009 Delaware Physicians Care Inc.	Par	M Claims	
	27009 Delaware Physicians Care Inc.	Par	M Remittance Image	
	94235 Delta Health Systems	Par	M Claims	
	84134 Denver Health - Indigent	Par	M Claims	
	84133 Denver Health and Hospital Authority	Par	M Claims	
	84135 Denver Health Medical Plan	Par	M Claims	
	Denver Health Medical Plan Inc. -			
	84131 Medicare Choice	Par	M Claims	
	36436 Destiny Health	Par	M Claims	
	56240 Detroit Medical Center	Par	M Claims	
Call	Devon Health	Par	M Claims	Before submitting please contact Jessica Picarde at (410) 349-3222 to obtain Payer ID
	25131 Diamond Plan	Par	M Claims	
	25131 Diamond Plan	Par	M Claims	
	25131 Diamond Plan	Par	M ERA	Paper remits will continue
	25131 Diamond Plan	Par	M ERA	Paper remits will continue
	36439 DiaTri LLC	Par	M Claims	
	Directors Guild of America - Producer			
	23706 Health Plan	Par	M Claims	
	6102 Diversified Administration Corporation	Par	M Claims	Please verify the Payer ID on the Member ID card in addition to the Payer City and State before submitting claims to Diversified Admin (Payer ID 06102)
	DRISCOLL CHILDREN'S HEALTH			
	74284 PLAN	Par	M Claims	
	Dunn and Associates Benefits			
	35186 Administrators Inc.	Par	M Claims	
Call	East Bay Medical Network	Par	M Claims	Network ID required on all claims. Call Sutter Connect EDI Department at (800) 611-5191 to obtain Network ID prior to first submission.
Call	Eastern Life and Health	Par	M Remittance Image	
	66122 Eastland Medical Group	Par	M Claims	
Call	EBC Inc.	Par	M Claims	To obtain the payer ID please call (440) 262-1160.
Call	EBC Mid-America	Par	M Claims	To obtain the payer ID please call (440) 262-1160.
	31074 EBMC	Par	M Claims	
	34166 EBS OF OHIO	Par	M Claims	Payer ID valid for claims with a submission address of PO Box 2568 Mansfield OH 44906.
	34166 EBS OF OHIO	Par	M Remittance Image	
	31625 ElderPlan Inc.	Par	M Claims	Elderplan no longer requires enrollment & individual provider testing; However Elderplan Provider ID is necessary on all claim submissions. If you do not know your provider Id contact (718) 921-7979.
	31625 ElderPlan Inc.	Par	M ERA	
	36399 Elmcare LLC	Par	M Claims	
	37253 Elmco	Par	M Remittance Image	
	37253 Elmco	Par	M Claims	
	Emerald Health Network Inc. (All PPO			
	34167 Business)	Par	M Claims	
	59299 EMI-KP Ambulance Claims	Par	M Claims	
	Employee Benefit Administration &			
Pilot	Management Corporation	Par	M Claims	
Call	Employee Benefit Claims - Mid-America	Par	M Claims	To obtain the payer ID please call (440) 262-1160.
Call	Employee Benefit Claims of WI	Par	M Claims	To obtain the payer ID please call (440) 262-1160.
Call	Employee Benefit Claims of Wisconsin	Par	M Claims	To obtain the payer ID please call (440) 262-1160.
	Employee Benefit Concepts (Farmington			
	38241 Hills MI)	Par	M Claims	
	Employee Benefit Concepts (Farmington			
	38241 Hills MI)	Par	M Remittance Image	
Call	Employee Benefit Consultants Inc.	Par	M Claims	To obtain the payer ID please call (440) 262-1160.
	37215 Employee Benefit Corporation	Par	M Claims	
	Employee Benefit Management Corp			
	31074 (EBMC)	Par	M Claims	

Employee Benefit Management Corp 31074 (EBMC)	Par	M	Remittance Image	
37216 Employee Benefit Services (Ft. Mill SC) Employee Benefit Services of Louisiana	Par	M	Claims	MUST VERIFY ALL CLAIMS SHOULD GO TO PAYER IN FT. MILL SC
41198 Inc (EBS) Employee Benefits Plan Administration	Par	M	Claims	
3036 Inc. (E.B.P.A.)	Par	M	Claims	
75184 Employee Claim ADJ	Par	M	Claims	
35112 Employee Plans LLC	Par	M	Claims	
74212 Employer Plan Services	Par	M	Remittance Image	
74212 Employer Plan Services	Par	M	Claims	
CX031 Employer Plan Services Inc.	Par	M	Remittance Image	
75232 Employers Direct Health	Par	M	Claims	
75236 Employer's Direct Health - Employee Plan	Par	M	Claims	
75235 Employer's Direct Health - FI	Par	M	Claims	
75233 Employer's Direct Health - SF	Par	M	Claims	
20508 Employers Health Network LLC	Par	M	Claims	
59298 Employers Mutual Inc (Jacksonville)	Par	M	Claims	
59331 Employers Mutual Inc. (Stuart Florida)	Par	M	Claims	For plan and claim requirements please contact the Employers Mutual Inc. (Stuart FL) Customer Service Department at (772) 287-7650 ext.
35206 Encircle PPO	Par	M	Claims	
35206 Encore Health Network	Par	M	Claims	
91136 Enstar Natural Gas	Par	M	Claims	Please enter Group Number (P61) when submitting claims.
62308 EQUICOR	Par	M	Claims	
62308 EQUICOR - PPO Equitable Plan Services (Oklahoma City)	Par	M	Claims	
73126 OK) Equitable Plan Services (Oklahoma City)	Par	M	Remittance Image	
73126 OK)	Par	M	Claims	Payer ID valid only for claims with a billing submission address of P.O. Box 720460 Oklahoma City OK 73172.
34108 ES Beveridge and Associates	Par	M	Claims	
20818 ESSENCE HEALTHCARE E-V Benefits Management Inc (Columbus)	Par	M	Claims	
34159 OH)	Par	M	Claims	Now known as Meritain Health.
87726 Evercare	Par	M	Claims	
58233 Evergreen Health Plan Evolutions Healthcare Systems (New Port)	Par	M	Claims	
59313 Richey FL)	Par	M	Claims	Payer ID valid for claims with a submission address of PO Box 5001 New Port Richey FL 34656.
71412 ExcluciCare	Par	M	Claims	
91136 F40 Alaska Carpenters Trust	Par	M	Claims	
Call FABOH (CHP/RPU)	Par	M	Claims	Payer ID rendering provider and location number required to submit claims. Please call Dave Sell at (608) 210-6656 to obtain.
95432 Facey Medical Foundation	Par	M	Claims	
37300 FACS Group	Par	M	Claims	
22254 Fallon Community Health Plan	Par	M	Claims	
60995 FAMILY CARE Family Health Partners - Healthwave of	Par	M	Claims	
31472 Kansas Family Health Partners - Healthwave of	Par	M	Claims	
31472 Kansas	Par	M	ERA	
43173 Family Health Partners/MC+ Missouri	Par	M	ERA	
43173 Family Health Partners/MC+ Missouri	Par	M	Claims	
37289 FARA Benefit Services Inc.	Par	M	Claims	Processes Health Plan Claims Only. NO WORKMENS COMP CLAIMS
37289 FARA Benefit Services Inc.	Par	M	Remittance Image	
14140 Farm Family Life	Par	M	Claims	
33033 FCE Benefit Administrators	Par	M	Claims	
37300 Federated Benefits	Par	M	Claims	
37300 Federated HR Services	Par	M	Claims	
41041 Federated Mutual Insurance	Par	M	Claims	
41041 Federated Mutual Insurance	Par	M	ERA	
11315 Fidelis Care New York	Par	M	Claims	
77054 Fidelis Secure Care	Par	M	Claims	
56196 First Carolina Care	Par	M	Claims	
91131 First Choice Health Administrators	Par	M	Claims	
91131 First Choice Health Network	Par	M	Remittance Image	
91131 First Choice Health Network	Par	M	Claims	
14162 First Choice HealthPlans of Connecticut	Par	M	Claims	
75138 First Choice of Midwest (PPO) First Health Network (f.k.a. CCN)	Par	M	Claims	
73159 Managed Care Inc. & PPO Oklahoma) First Health Network (f.k.a. CCN)	Par	M	Claims	
73159 Managed Care Inc. & PPO Oklahoma) First Medical Network (FMN) - Atlanta	Par	M	Claims	1st Medical Network is part of the Medical Mutual Family of Companies. Former payer ID 58203.
29076 GA	Par	M	Claims	

59276	First Service Administrators Inc	Par	M	Claims	Also known as Florida 1st
11244	Fitzharris & Company Inc.	Par	M	Claims	
59322	Florida Health Care Plan	Par	M	Claims	
59321	Florida Hospital Healthcare Systems	Par	M	Claims	If Bill Prov NPI not present Render Prov NPI required -or- If Render Prov NPI is not present either Render Prov Network ID (REF*N5) or Commercial Num (REF*G2) is required. FHHS member ID must be 11 digits. For assistance send email to HIPAA@f-m-h.com For assistance send email to HIPAA@f-m-h.com
48116	Florida Hospital Waterman	Par	M	Claims	
59698	Florida League of Cities Inc.	Par	M	Claims	
48117	FMH Benefit Services Inc.	Par	M	Claims	
48117	FMH Benefit Services Inc.	Par	M	Remittance Image	
48117	FMH Benefit Services Inc.	Par	M	ERA	
25133	Foreign Service Benefit Plan	Par	M	Claims	Formerly payer ID 62413 Now part of Coventry Consolidated payer ID. Including AFSPA Staff Plan Including AFSPA Staff Plan
62413	Foreign Service Benefit Plan	Par	M	ERA	
	FOUNDATION BENEFIT ADMINISTRATORS/CONTRACTOR				
BOONG	EMPLOYEE BENEFITS ADMIN	Par	M	Claims	
64069	Fox-Everett Inc.	Par	M	Claims	
41212	Freedom Health Plan	Par	M	Claims	
23130	Fresenius Medical Care	Par	M	Claims	
59069	Fringe Benefit Management	Par	M	Remittance Image	
59069	Fringe Benefit Management	Par	M	Claims	
59204	Fringe Benefits Coordinators	Par	M	Claims	
34171	FrontPath Health Coalition	Par	M	Claims	
30005	Galveston County Indigent Health Care	Par	M	Claims	
60550	Gateway Health Plan - Medicare Assured	Par	M	Claims	Gateway Health Plan - Medicare Assured; 60550 (Yellow Card). Please check the ID card to verify the Payer ID before submitting claims. If you have questions please contact Gateway Provider Servicing Department at 1-800-685-5205.
60550	Gateway Health Plan - Medicare Assured	Par	M	ERA	
25169	Gateway Health Plan Medicaid PA	Par	M	Claims	Caution: Gateway Health Plan has several different Payer ID numbers please look for the Payer ID on the ID card before submitting. PA Medicaid 25169(Green Card). If you have questions contact Gateway Provider Servicing Department at 1-800-685-5205.
25169	Gateway Health Plan Medicaid PA	Par	M	ERA	
	Gateway Health Plan OH- Medicare				Please check the ID card to verify the Payer ID before submitting claims. If you have questions please contact Gateway Provider Servicing @ 1-800-685-5205
91741	Assured	Par	M	Claims	
37283	GBA	Par	M	Claims	
75273	Geisinger Health Plan	Par	M	Claims	Prior enrollment required. Please contact Geisinger Health Plan at 1-888-281-5338 option 3 to obtain an enrollment form; or download a PDF enrollment form at www.thehealthplan.com.
75273	Geisinger Health Plan	Par	M	ERA	
46050	Generations Healthcare	Par	M	Claims	
46051	Generations-Hillcrest	Par	M	Claims	
23212	Gettysburg Health	Par	M	Claims	
22937	GHI - Medicare Private Fee for Service	Par	M	Claims	
13551	GHI - New York (Group Health Inc.)		M	ERA	Any provider that wishes to receive 835 must be a participating provider with the payer. If they are non-participating they will not receive 835
13551	GHI - New York (Group Health Inc.)	Par	M	Claims	
25531	GHI HMO	Par	M	Claims	Formerly payer ID 25141 Now part of Coventry Consolidated payer ID.
25133	GHP (Group Health Plan)	Par	M	Claims	
25141	GHP (Group Health Plan)	Par	M	ERA	
80314	GIC Indemnity Plan	Par	M	Claims	
88053	Gilsbar	Par	M	Claims	
7205	Gilsbar Inc.	Par	M	Claims	
7205	Gilsbar Inc.	Par	M	ERA	
7689	Global Care Inc.	Par	M	Claims	
47083	GMS Inc.	Par	M	Claims	
37602	Golden Rule Insurance Company	Par	M	Claims	
	Golden Triangle Physician				
72189	Alliance/SelectCare of Texas (GTPA)	Par	M	Claims	
	Government Employees Hospital				
44054	Association (GEHA)	Par	M	Claims	
	Government Employees Hospital				
44054	Association (GEHA)	Par	M	ERA	
95467	Great Lakes Health Plan	Par	M	Claims	
80705	Great-West Healthcare	Par	M	ERA	
80705	Great-West Healthcare	Par	M	Claims	
	Great-West Healthcare (formerly American General)				
63665	General)	Par	M	Claims	
36338	Group Administrators Ltd.	Par	M	Claims	
36338	Group Administrators Ltd.	Par	M	Remittance Image	
48143	Group and Pension Administrators	Par	M	Claims	

82058	Group Health Alliance	Par	M	Remittance Image	
91051	Group Health Cooperative - WA State	Par	M	Claims	All GHC products; GHC Group Individual Medicare + Choice and Healthy Options can be submitted electronically
95192	Group Health Cooperative of Eau Claire	Par	M	Claims	
39167	Wisconsin Group Health Cooperative of South Central	Par	M	Claims	
39168	Wisconsin Group Health Cooperative of South Central	Par	M	Encounters	
39168	Wisconsin	Par	M	Claims	
22937	Group Health Inc.	Par	M	Claims	
38194	Group Health Managers	Par	M	Claims	
91051	Group Health Options - WA State	Par	M	Claims	All GHO products; Options and Alliant can be submitted electronically
37276	Group Insurance Service Center Inc.	Par	M	Claims	
68046	Group Practice Affiliates	Par	M	Claims	
77010	Guardian Healthcare INC. (SC) Guardian Life Insurance Company of America	Par	M	Claims	
64246	America	Par	M	Claims	
37114	H.E.R.E.I.U Welfare Pension Funds	Par	M	Claims	
65101	HAA Preferred partners	Par	M	Claims	
38224	HAP/AHL/Curanet	Par	M	Claims	
36406	Harmony Health Plan of Illinois	Par	M	Claims	
36405	Harmony Health Plan of Indiana	Par	M	Claims	
62061	Harrington Health-Kansas (formerly known as Fiserv Health-Kansas) Hawaii Management Alliance Association	Par	M	Claims	(Formerly Willis Administrative Services Corporation)
99208	(HMAA)	Par	M	Claims	
37110	HCH Administration	Par	M	Remittance Image	
37111	HCH Administration (Illinois)	Par	M	Remittance Image	
37111	HCH Administration (Illinois)	Par	M	Claims	
37215	HCH Administration Inc.	Par	M	Claims	Formerly John P. Pearl Associates
37215	HCH Administration Inc.	Par	M	Remittance Image	
37329	HCHA Albq-Self Funded	Par	M	Claims	
82018	HCS - Health Claims Service (Boise ID)	Par	M	Claims	
90023	HDPC - Premier Healthcare	Par	M	Claims	
20257	HDPC/Alliance Physicians	Par	M	Claims	
77950	Health Alliance Medical Plans	Par	M	Remittance Image	
77950	Health Alliance Medical Plans	Par	M	ERA	
77950	Health Alliance Medical Plans	Par	M	Claims	
77950	Health Alliance Medical Plans Health America Inc./Health	Par	M	EFT	
25126	Assurance/Advantra Health America Inc./Health	Par	M	ERA	
25126	Assurance/Advantra Health America Inc./Health	Par	M	ERA	
25133	Assurance/Advantra	Par	M	Claims	Formerly payer ID 25126. Now part of Coventry Consolidated payer ID.
42102	Health Care Network of Wisconsin (HCN)	Par	M	Claims	
62179	Health Choice Arizona	Par	M	ERA	
62179	Health Choice Arizona	Par	M	Remittance Image	
62179	Health Choice Arizona	Par	M	Claims	
62180	Health Choice Generations	Par	M	ERA	
62180	Health Choice Generations	Par	M	Remittance Image	
62180	Health Choice Generations	Par	M	Claims	
62111	Health Cost Solutions	Par	M	Claims	
34158	Health Design Plus (Hudson OH)	Par	M	Claims	
30946	Health Future LLC.	Par	M	Claims	
62295	Health Market Care Assured	Par	M	Claims	
95570	Health Net - California (Professional Encounters ONLY)	Par	M	Encounters	Must submit with Health Net Submitter ID. Please submit your requests to Teresa.W.Bailey@healthnet.com to obtain your Health Net Submitter ID.
38309	Health Net of Arizona	Par	M	Claims	Payer requires NPI
95567	Health Net of California and Oregon - Claims	Par	M	Claims	
95567	Health Net of California and Oregon - Claims	Par	M	ERA	Payer will receive auto enrollment e-mail. Also Payer Registration from is located on our website. Providers are to follow instructions on Health Net form and return the completed form to Healthnet and return the completed form to Health Net and Emdeon en Payer will receive auto enrollment e-mail. Also Payer Registration form is located on our website. Providers are to follow instructions on Health Net form and return the completed form to Health Net and Emdeon
6108	Health Net of the Northeast Inc.	Par	M	ERA	Payer requires NPI.
6108	Health Net of the Northeast Inc.	Par	M	Claims	
SX185	Health Net Pearl	Par	M	Claims	
20199	Health Network America	Par	M	Claims	
65062	Health Network One	Par	M	Claims	

To obtain payer id please contact Joanne Shaw 413-233-3444
 jshaw@hne.com or Joanne Walton-Bicknell 413-233-3456 jwalton-
 bicknell@hne.com

Call	Health New England	Par	M	Claims	
	36368 Health Options of Illinois	Par	M	Claims	
	62157 Health Partners - Jackson TN	Par	M	Claims	
	80142 Health Partners PA	Par	M	Remittance Image	
	80142 Health Partners PA	Par	M	Claims	
	20270 Health Payment Systems Inc.	Par	M	Claims	
*	83253 Health Plan of Michigan	Par	M	Claims	
	83253 Health Plan of Michigan	Par	M	Remittance Image	
	68035 Health Plan of San Joaquin	Par	M	Claims	
					CONTACT PAYER FOR REGISTRATION AND PAYER ID. Entry Lo:
Call	Health Plan of San Mateo	Par	M	Claims	650-616-2017 or Ken Cottrell: 650-616-2021
	44273 Health Plans Inc.	Par	M	Remittance Image	
	44273 Health Plans Inc.	Par	M	Claims	
	11324 Health Plus PHSP (Brooklyn NY)	Par	M	Remittance Image	Providers must contact Health Plus at 718-491-8355 prior to submitting claims.
	11324 Health Plus PHSP (Brooklyn NY)	Par	M	Claims	
	11324 Health Plus PHSP (Brooklyn NY)	Par	M	EFT	
*	52201 Health Right Inc.	Par	M	Claims	
	55438 Health Risk Management	Par	M	Claims	
	20896 Health Services Consulting Group Inc.	Par	M	Claims	
	Health Services for Children with Special				
	37290 Needs	Par	M	Claims	
	41150 Health Services Management	Par	M	Claims	
	Health Services Preferred (HSP) by				
	34167 Emerald Health	Par	M	Claims	
	11072 Health Services Review	Par	M	Remittance Image	
	11328 HealthCare Partners IPA	Par	M	Remittance Image	
	11328 HealthCare Partners IPA	Par	M	Claims	Formerly Heritage New York Medical Group.
	56731 Healthcare Resources NW	Par	M	Claims	
	73147 Healthcare Solutions Group	Par	M	Remittance Image	
	73147 Healthcare Solutions Group	Par	M	Claims	
	25143 Healthcare USA	Par	M	ERA	
	25143 Healthcare USA	Par	M	Claims	
	25143 Healthcare USA	Par	M	Claims	
	25143 Healthcare USA	Par	M	ERA	
	85729 Healthcomp Inc.	Par	M	Claims	
	41178 HealthEZ	Par	M	Claims	
	80141 Healthfirst Health Plan of New Jersey	Par	M	Claims	
	80141 Healthfirst Health Plan of New Jersey	Par	M	ERA	
	80141 Healthfirst Inc. (New York)	Par	M	ERA	
					All claims submitted require a valid Healthfirst Inc. (NY) provider ID in the Rendering Provider Network ID field.
	80141 Healthfirst Inc. (New York)	Par	M	Claims	
	75234 Healthfirst TPA (Tyler TX)	Par	M	Claims	
					Please call Provider Relations Dept at (800) 624-2356 for unique provider number.
	96475 Healthlink HMO	Par	M	Claims	Customer Service phone number: (800 624-2356)
	90001 Healthlink PPO	Par	M	Claims	Payer will receive auto enrollment e-mail. Also Payer Registration form is located on our website. Providers are to follow instructions on Health Net form and return the completed form to Health Net and Emdeon
					Payer must be requested via the Provider Setup Form and Payer Registration completed prior to electronic claims submission. Provider Forms can be found: www.emdeon.com/enrollment
	6108 Healthnet of Arizona	Par	M	ERA	
SX009	HealthPartners MN	Par	M	Claims	
	59140 HealthPlan Services	Par	M	Claims	
	52429 Healthscope Benefits - EHC Repricing	Par	M	Claims	
	71063 HealthSCOPE Benefits Inc.	Par	M	ERA	
	71063 HealthSCOPE Benefits Inc.	Par	M	Claims	
	75237 Healthsmart Accel	Par	M	Claims	
	75250 HealthSmart Preferred Care Inc.	Par	M	Claims	
	71075 Healthsource AR (Med) (CIGNA)	Par	M	Claims	Claims are edited under CIGNA's payer specific edits Payer ID 62308.
	2041 Healthsource CMHC	Par	M	Claims	
	58210 Healthsource GA (CIGNA)	Par	M	Claims	Claims are edited under CIGNA's payer specific edits Payer ID 62308.
	61127 Healthsource KY	Par	M	Claims	
	2041 Healthsource Massachusetts Inc.	Par	M	Claims	
	1041 Healthsource ME	Par	M	Claims	
	75255 Healthsource N. TX (CIGNA)	Par	M	Claims	Claims are edited under CIGNA's payer specific edits Payer ID 62308.
	56147 Healthsource NC (CIGNA)	Par	M	Claims	Claims are edited under CIGNA's payer specific edits Payer ID 62308.
	2038 Healthsource NH	Par	M	Claims	
	31141 Healthsource OH	Par	M	Claims	
	68195 Healthsource Provident	Par	M	Claims	Claims are edited under CIGNA's payer specific edits Payer ID 62308.
	6119 Healthsource SC	Par	M	Claims	Healthsource Network Providers Only
Pilot	Healthsource SC	Par	M	Encounters	
	62129 Healthsource TN (CIGNA)	Par	M	Claims	Claims are edited under CIGNA's payer specific edits Payer ID 62308.

HealthSpring HMO/HealthSpring 63092 Medicare+Choice	Par	M	Remittance Image	
				It is no longer necessary to notify HealthSpring before submitting claims electronically. HealthSpring encourages electronic submission of all claims. Be sure to submit only the HealthSpring subscriber/member ID number found on the HealthSpring ID card
HealthSpring HMO/HealthSpring 63092 Medicare+Choice	Par	M	Claims	
36332 HealthStar Inc.	Par	M	Claims	
31172 Healthtran	Par	M	Remittance Image	
58213 Healthways WholeHealth Networks	Par	M	Claims	
95827 HEALTHY PALM BEACHES	Par	M	Claims	
				For faster payment please be sure to use only the 9-digit subscriber ID on all claims.
59230 Heritage Consultants	Par	M	Claims	
57029 Hewitt Coleman	Par	M	Remittance Image	
88051 Hewitt Coleman	Par	M	Claims	
36335 HFN Inc.	Par	M	Claims	
69521 High Desert - Encounters	Par	M	Encounters	
33069 High Desert Primary Care	Par	M	Claims	
35145 Highmark- Key Family	Par	M	Claims	
46 Hill Physicians Medical Group	Par	M	Claims	
36385 Hinsdale Physician Healthcare	Par	M	Claims	
				ERA enrollment is required by HIP of NY. Please call HIP of NY Provider Relations to obtain the enrollment form at (800) 447-8386 or e-mail at edisupport@hipusa.com.
HIP - Health Insurance Plan of Greater 55247 New York	Par	M	ERA	
HIP - Health Insurance Plan of Greater 55247 New York	Par	M	Claims	
HIP - Health Insurance Plan of Greater 55247 New York	Par	M	Remittance Image	
39044 HMA Administrators LLC	Par	M	Claims	
39044 HMA Administrators LLC	Par	M	Remittance Image	
36412 Holy Cross Health Partners	Par	M	Claims	
88023 Hometown Health Plan Nevada	Par	M	Claims	
88537 Hometown Health Providers	Par	M	Claims	
22304 Horizon HealthCare Admin (HHA)	Par	M	Claims	
				Medicaid managed care. For EDI support please e-mail edi.horizonnjhealth@kmhp.com ; Formerly Horizon Mercy Health Plan
22326 Horizon NJ Health	Par	M	Claims	
22326 Horizon NJ Health	Par	M	EFT	
22326 Horizon NJ Health	Par	M	ERA	
22326 Horizon NJ Health	Par	M	Remittance Image	
Hotel Employees & Restaurant Employees 91136 Health Trust	Par	M	Claims	Please enter Group Number (F19) when submitting claims.
58227 HPS Paradigm Inc.	Par	M	Claims	
13335 Hudson Health Plan	Par	M	Claims	
13335 Hudson Health Plan	Par	M	Remittance Image	
61101 Humana Emphesys	Par	M	Claims	
61101 Humana Employers Health Insurance	Par	M	Claims	
61101 Humana Inc.	Par	M	Claims	
				Registration forms located at http://www.emdeon.com/PayerLists/payer_enrollment_forms.php Paper remits will cease upon enrollment. Payer enrollment TAT 2-3 weeks. Claims sent to payer id 61102 will NOT be paid. Payer ID 61102 is for ENCOUNTERS ONLY.
61101 Humana Inc.	Par	M	ERA	Does not include Humana ChoiceCare of Cincinnati - (Humana Health Plans of Ohio)
61102 Humana Inc. Encounters Humana Insurance Company Choice Care	Par	M	Encounters	
61101 Network	Par	M	Claims	
61160 Humana Veterans Healthcare Services Humboldt-Del Norte Foundation for	Par	M	Claims	
94154 Medical Care	Par	M	Claims	
22175 I. E. Shaffer (West Trenton NJ)	Par	M	Remittance Image	
22175 I. E. Shaffer (West Trenton NJ)	Par	M	Claims	
37279 IAA	Par	M	Claims	
				Valid for claims with the following mailing address: P.O. Box 2388 Stow OH 44224
75274 IHG Direct	Par	M	Claims	Call Jessica Picarde at Provider relations (410) 349-3222 to acquire payer id information.
Call IHS Networks - 1	Par	M	Claims	
41600 IMcare	Par	M	Claims	
40585 INDECS Corporation	Par	M	Claims	
40585 INDECS Corporation	Par	M	Remittance Image	
35204 Indiana Health Network	Par	M	Claims	
35161 Indiana ProHealth Network	Par	M	Claims	
Indiana Teamsters Health Benefits Fund 35107 (Indianapolis IN)	Par	M	Claims	Formerly known as Local 135 Health Benefits Fund (Indianapolis IN)
31053 Individual Health Insurance Companies	Par	M	Claims	
52196 Informed LLC	Par	M	Claims	
36348 Ingalls Provider Group	Par	M	Claims	
				Injured Workers Insurance Fund requires first time submitters to contact Grace Sobrio at (410) 494-2045 prior to submitting claims.
52212 Injured Workers Insurance Fund	Par	M	Claims	

Call	Innovative Healthware Services Inc.	Par	M	Claims	Before submitting contact Jessica Picarde at (410) 349-3222
	37279 Insurance Administrators of America Inc.	Par	M	Claims	
	37279 Insurance Administrators of America Inc.	Par	M	Remittance Image	
	13315 Insurance Design Administrators	Par	M	Claims	
	13315 Insurance Design Administrators	Par	M	Remittance Image	
	Insurance Management Services (Amarillo)				This Payer ID is only valid for claims with submission address of P.O.
	15688 TX)	Par	M	Claims	Box 15688; Amarillo TX 79105
	86304 Insurers Administrative Corp.	Par	M	Claims	Please visit website prior to submitting claims: edihelp.iacusa.com
					Payer ID valid only for claims with a billing submission address of 110
	51020 Integra Administrative Group (Seaford DE)	Par	M	Claims	S. Shipley Street Seaford DE 19973.
	31127 Integra Group	Par	M	Claims	
	31129 Integra Group-CHA	Par	M	Claims	
	Integrated Care Network (ICN) by Emerald				
	34167 Health	Par	M	Claims	
					Prior to submitting claims please call Provider Relations Dept at 1-800-
	68053 Integrated Mental Health Services	Par	M	Claims	716-5650 to verify your provider info is on file in the claim system. This
	37227 InterCare Health Plans Inc.	Par	M	Claims	will prevent rejections and allow payments to be made in a timely
	60280 Interface EAP (IEAP)	Par	M	Claims	
	23287 Intergroup Services Corporation	Par	M	Claims	
	36609 International Brotherhood of Boilermakers	Par	M	Claims	
	36609 International Brotherhood of Boilermakers	Par	M	ERA	
	International Educational Exchange				
	16158 Services Inc. (IEES)	Par	M	Claims	
	39182 INTERNATIONAL FUNDING LTD	Par	M	Claims	
	International Union of Operating				
	64157 Engineers ~ Local 15 15A 15C & 15D	Par	M	Claims	
	InterWest Health (Acceptius Gateway				
	84137 payer)	Par	M	Claims	
	20435 INTGRITAS BENEFIT GROUP	Par	M	Claims	Claims are printed and mailed to Payer.
Pilot	IU Medical Group Primary Care	Par	M	Claims	
SX172	IU Medical Group Primary Care	Par	M	Claims	
	61271 J. F. Molloy and Associates Inc.	Par	M	Claims	
	37272 J. Smith Lanier & Co. Administrators	Par	M	Claims	
	5014 Jackson Memorial Health Plan (FL)	Par	M	Claims	
	37543 JAS Inc	Par	M	Remittance Image	
	41099 John Alden Life Insurance Co.	Par	M	ERA	
	41099 John Alden Life Insurance Co.	Par	M	Remittance Image	
	41099 John Alden Life Insurance Co.	Par	M	EFT	
	41099 John Alden Life Insurance Co.	Par	M	Claims	
	JOHN MORRELL COMPANY CO. -				
	38310 AHPBA	Par	M	Claims	
					Providers who have never submitted claims to John Muir are required to
					register Tax ID prior to initial claims submission. Please fax W-9 along
					with contact name and number to the attention of Patty Kan at (925) 941-
	68036 John Muir Mt. Diablo Health System	Par	M	Claims	2026. Allow 2 days for processing bef
					Providers who have never submitted claims to John Muir are required to
					register Tax ID prior to initial claims submission. Please fax W-9 along
					with contact name and number to the attention of Patty Kan at (925) 941-
					2026. Allow 2 days for processing bef
	68036 John Muir Physician Network	Par	M	Claims	Please contact John Muir Trauma Physicians at 925-947-5288 for Payer
					id information.
Call	JOHN MUIR TRAUMA PHYSICIANS	Par	M	Claims	
	52189 Johns Hopkins Healthcare	Par	M	EFT	Enroll with payer please e-mail Dave Amann AmannD@jhhc.com
					New submitters should send in their Billing NPI and Rending/Serviceing
	52189 Johns Hopkins Healthcare (EHP/PP)	Par	M	Claims	NPI.
	52189 Johns Hopkins Healthcare (EHP/PP)	Par	M	Remittance Image	
	52123 Johns Hopkins Healthcare (USFHP)	Par	M	ERA	
					New submitters should send in their Billing NPI and Rending/Serviceing
	52123 Johns Hopkins Healthcare (USFHP)	Par	M	Claims	NPI.
	43178 Joplin Claims	Par	M	Claims	
	34136 JP Farley Corporation	Par	M	Claims	
	34136 JP Farley Corporation	Par	M	Remittance Image	
	37272 JSL Administrators	Par	M	Claims	
	37272 JSL Administrators	Par	M	Remittance Image	
	Kaiser CSI-California Select for				
	94320 Individuals (formerly known as Kaiser	Par	M	Claims	
	91617 Kaiser Foundation Health Plan of Colorado	Par	M	Claims	
	91617 Kaiser Foundation Health Plan of Colorado	Par	M	ERA	
	Kaiser Foundation Health Plan of Northern				
	94135 CA Region	Par	M	ERA	
					Emergency Claims: For more information please call (866) 285-0362.
	Kaiser Foundation Health Plan of Northern				Referral claims: Please call (510) 987-3513 for approval prior to
	94135 CA Region	Par	M	Claims	submitting claims.
					Kaiser Ohio will be receiving Extend Content. E-tactic Billing Service
	34092 Kaiser Foundation Health Plan of Ohio	Par	M	Claims	participating in Pilot.

	34092 Kaiser Foundation Health Plan of Ohio	Par	M	ERA	Enrollment forms can be located via the following link: http://www.emdeon.com/enrollment/ERA/34092ERAP.pdf
	Kaiser Foundation Health Plan of Southern				
	94134 CA Region	Par	M	Claims	For more information please call (866) 285-0361
	Kaiser Foundation Health Plan of the Mid-				For more information please contact Kenya Neal at Kaiser at (301) 625-
	52095 Atlantic States Inc.	Par	M	Claims	2264.
	Kaiser Foundation Health Plan of the Mid-				
	52095 Atlantic States Inc.	Par	M	ERA	This payer id can only be used to submit claims for Oregon and
	93079 Kaiser Foundation of the Northwest	Par	M	Claims	Washington Kaiser Permanente members.
	21313 Kaiser Health Plan Inc - Georgia Region	Par	M	ERA	
	21313 Kaiser Permanente of Georgia	Par	M	ERA	
	21313 Kaiser Permanente of Georgia	Par	M	Claims	
	57038 Kanawha HealthCare Solutions Inc.	Par	M	Claims	
	57038 Kanawha Insurance Co.	Par	M	Claims	
	Kansas Building Trades Health & Welfare				
Call	Trust Fund	Par	M	Remittance Image	
CX058	Kansas City Life	Par	M	Remittance Image	
	81812 Katy Medical Claims	Par	M	Claims	
	95279 Keenan Associates (CA)	Par	M	Remittance Image	
	73100 Kempton Company	Par	M	Claims	
	73100 Kempton Company	Par	M	Remittance Image	
	73100 Kempton Group Administrators	Par	M	Claims	
*	77039 Kern Health Systems	Par	M	Claims	
	Key Benefit Administrators (Indianapolis				MUST VERIFY AL CLAIMS SHOULD GO TO PAYER IN
	37217 IN)	Par	M	Claims	INDIANAPOLIS IN
	35317 KEY GAP	Par	M	Claims	
	37321 Key Select	Par	M	Claims	
	23284 Keystone Mercy Health Plan	Par	M	ERA	
	23284 Keystone Mercy Health Plan	Par	M	Remittance Image	
	23284 Keystone Mercy Health Plan	Par	M	EFT	
	23284 Keystone Mercy Health Plan	Par	M	Claims	Medicaid managed care. For EDI support please e-mail
	93063 Kipp & Company	Par	M	Remittance Image	edi.kmhp@kmhp.com.
	34145 Klais & Company	Par	M	Claims	
	66123 Korean American Medical Group	Par	M	Claims	
	66127 Lakeside Comprehensive Healthcare	Par	M	Claims	
	66125 Lakeside Medical Group	Par	M	Claims	
	Lancaster General Health Group -				
Call	Preferred Health Care (IHS Payer)	Par	M	Claims	Contact Sherry Wolgemuth Vice President of Claims Operations for
	36333 Lawndale Christian Health Center	Par	M	Claims	Preferred Health Care at (717) 560-9290 ext. 124 for approval and the
	52193 LBA Health Plans	Par	M	Claims	Payer ID.
	37316 Leon Medical Center Health Plan	Par	M	Claims	
	37248 LHP Claims Unit	Par	M	Claims	
	87071 Liberty Health Advantage	Par	M	Claims	
	37281 Liberty Union	Par	M	Claims	
	37281 Life Assurance Company	Par	M	Claims	
	41136 Life Trac	Par	M	Claims	
	91155 Lifewise Health Plan of Arizona	Par	M	Claims	Payer EDI agreement must be processed thru Emdeons Enrollment Dpt.
					Do not send EDI Agreement to Payer. Applies to all providers (incl.
					those adding site ids) enrolling for Electronic submission thru WebMD.
					Questions: (800) 845-6592
					Payer EDI agreement must be processed thru Emdeon's Enrollment Dpt.
					Do not send EDI Agreement to Payer. Applies to all providers (including
					those adding site id's) enrolling for Electronic submission thru WebMD.
					Questions: (800) 845-6592
	93093 LifeWise Healthplan of Oregon	Par	M	Claims	
LCB01	Line Construction Benefit Fund	Par	M	Remittance Image	
	Local 135 Health Benefits Fund				
	35107 (Indianapolis IN)	Par	M	Claims	
	Loma Linda University Adventist Health				
	37267 Sciences Center Employee Health Plan	Par	M	Claims	
	Loma Linda University Adventist Health				
	37267 Sciences Centers	Par	M	Claims	
	Loma Linda University Behavioral				
	37267 Medicine Center Employee Health Plan	Par	M	Claims	
	Loma Linda University Employee Health				
	37267 Plan	Par	M	Claims	
	Loma Linda University Health Care				
	37267 Employee Health Plan	Par	M	Claims	
	Loma Linda University Healthcare -				
	33036 ManagedCare Claims	Par	M	Claims	Claims are printed and mailed to the payer.
	Loma Linda University Medical Center				
	37267 Employee Health Plan	Par	M	Claims	

	Loma Linda University Medical Center				
	37267 Residents Health Plan	Par	M	Claims	
	37267 Loma Linda University Student Health	Par	M	Claims	
	37226 London Health Administrators	Par	M	Remittance Image	
SX159	Lovelace Salud	Par	M	Claims	
	90328 Lovelace Sandia Health Plan	Par	M	Claims	
	36334 MacNeal Health Providers- CHS	Par	M	Claims	
	1260 Magellan Health Services	Par	M	ERA	
	1260 Magellan Health Services	Par	M	Claims	
	11303 Magnacare	Par	M	Claims	
	25133 Mail Handlers Benefit Plan	Par	M	Claims	Formerly payer ID 62413 Now part of Coventry Consolidated payer ID.
	62413 Mail Handlers Benefit Plan	Par	M	ERA	Including AFSPA Staff Plan. a.k.a. Mailhandlers CAC.
	22195 Maksin Management Corporation	Par	M	Claims	
	MAMSI Life and Health Insurance Co.				
	52148 (MLH)	Par	M	Claims	
	35162 Managed Care Services LLC	Par	M	Claims	
	22771 Managed Health Network	Par	M	Claims	
	Managed Health Services Indiana				Prior to submitting claims please call Provider Relations Dept at 1-800-
	39186 (Medicaid HMO)	Par	M	Claims	944-9661 to verify your provider info is on file in the claim system. This
	Managed Health Services Indiana				will prevent rejections and allow payments to be made in a timely
	39186 (Medicaid HMO)	Par	M	ERA	
	39187 Managed Health Services Wisconsin	Par	M	Claims	Prior to submitting claims please call Provider Relations Dept at 1-800-
	39187 Managed Health Services Wisconsin	Par	M	ERA	547-1647 to verify your provider info is on file in the claim system. This
	41159 Managed Physical Network	Par	M	Claims	will prevent rejections and allow payments to be made in a timely
	41555 Manatee Service Center (Bradenton FL)	Par	M	Claims	
	98010 Manulife W. J. Sutton Company	Par	M	Claims	
	48055 Marquette Life Insurance Company	Par	M	Claims	
	13310 Marsh Advantage	Par	M	Claims	
	22348 Maryland Physicians Care	Par	M	Claims	Rendering provider id must contain ID qualifier. Payer accepts zero
	37121 Mashantucket Pequot Tribal Nation	Par	M	Claims	dollar service line charges. Payer Registration not required. Autoenroll
	MBA Benefit Administrators Inc. (Salt				payer.
	87065 Lake City UT)	Par	M	Claims	Payer ID valid for claims with a submission address of PO Box 651109
	87065 MBA of Wyoming (Worland WY)	Par	M	Remittance Image	Salt Lake City UT 84115
	87065 MBA of Wyoming (Worland WY)	Par	M	Claims	Payer ID valid for claims with a submission address of PO Box 98
	56205 MBS	Par	M	Claims	Worland WY 82401
	25160 MCA ADMINISTRATORS	Par	M	Claims	Formerly Payer ID 56151
	88054 MCOA	Par	M	Claims	
	MD - Individual Practice Association Inc.				
	52148 (M.D. IPA)	Par	M	Claims	
	20475 MDWise Hoosier Alliance	Par	M	ERA	
	20475 MDWise Hoosier Alliance	Par	M	Claims	
	20475 MDWise Hoosier Alliance	Par	M	EFT	
	20475 MDWise Hoosier Alliance	Par	M	Remittance Image	
MDWIS	Mdwis-HIP	Par	M	Claims	
	58202 MedAdmin Solutions	Par	M	Claims	
	58204 MedAdmin Solutions	Par	M	Claims	
	74323 MedBen (Newark OH)	Par	M	Claims	
	59231 MedCom	Par	M	Claims	
	59231 MedCom	Par	M	Remittance Image	
	56162 MedCost Inc.	Par	M	Claims	
	38353 MedDirect	Par	M	Claims	
	95321 Medfocus	Par	M	Claims	
	87726 Medica	Par	M	ERA	
	94265 Medica	Par	M	Claims	
	94265 Medica	Par	M	ERA	If you are currently receiving ERA with another clearinghouse you will
	78857 MEDICA HEALTH CARE PLAN INC.	Par	M	Claims	need to contact the payer to verify change of ERA Enrollment to
Call	Medical Associates Health Plan	Par	M	Remittance Image	
	Medical Benefit Administrators Inc/dba				
	37298 MBA of MD Inc	Par	M	Claims	
	Medical Benefits Administrators Inc.				
	74323 (Newark OH)	Par	M	Claims	
	74323 Medical Benefits Companies (Newark OH)	Par	M	Claims	
	74323 Medical Benefits Mutual (Newark OH)	Par	M	Claims	
	74323 Medical Benefits Mutual Life Insurance Co.	Par	M	Claims	
	74323 Medical Benefits Mutual Life Insurance	Par	M	ERA	
	74323 Medical Benefits Mutual Life Insurance	Par	M	Remittance Image	
	4258 Medical Claims Service Inc.	Par	M	Claims	

	75229 Medical Control Inc. MEDICAL DEVELOPMENT	Par	M	Claims	
	52181 INTERNATIONAL	Par	M	Claims	
	29076 Medical Mutual of Ohio	Par	M	ERA	
Pilot	Medical Network Inc. (Maine)	Par	M	Claims	
	84600 Medical Network of Colorado Springs	Par	M	Claims	
	80026 Medical Partners of America	Par	M	Claims	
	38224 Medical Value Plan - Ohio (MVP)	Par	M	Claims	
	35205 MedPartners	Par	M	Claims	
	62160 MedSolutions Inc Mega Life & Health Insurance Company -	Par	M	Claims	Payer ID valid only if the address on the Health ID Card matches the following: P.O. Box 982009 North Richland Hills TX 76182.
	59221 Insurance Center	Par	M	Claims	
	1047 MEMIC Memorial Clinical Associates/ SelectCare	Par	M	Claims	
	62181 of Texas (MCA) MEMORIAL INTEGRATED	Par	M	Claims	PLEASE EMAIL TRACY HARSWICK AT THARSWICK@MHS.NET FOR PAYER ID INFORMATION
Call	HEALTHCARE	Par	M	Claims	Please contact Memorial Enrollment department at 954-276-3176 for payer ID information.
Call	Memorial PSN/CMS Mennonite Mutual Aid Association and	Par	M	Claims	
	35605 Affiliates (MMA)	Par	M	Claims	
	13310 Mercer Administrators	Par	M	Claims	
	86052 Mercy Care Plan (AHCCCS)	Par	M	EFT	Enroll with payer
	86052 Mercy Care Plan (AHCCCS)	Par	M	Claims	
	86052 Mercy Care Plan (AHCCCS)	Par	M	Remittance Image	
	71079 Mercy Care Plus	Par	M	Claims	
	43166 Mercy Health Plans	Par	M	Claims	
Call	Mercy Health Plans	Par	M	Remittance Image	
Call	MercyCare	Par	M	Claims	Please call 608-758-7739 for payer id.
	13189 Meridian Health Plan	Par	M	Claims	
	64158 Meritain Health / Agency Services	Par	M	Claims	Formerly know as Agency Services Inc.
	41124 Meritain Health Minneapolis Meritain Health/North American	Par	M	Claims	
	64157 Administrators Meritain Health/North American	Par	M	Remittance Image	
	64157 Administrators	Par	M	Claims	Formerly know as North American Administrators Inc.
	85035 Mesa Mental Health	Par	M	Claims	
Pilot	Methodist Associate Health Plan	Par	M	Claims	
	13265 MetroPlus Health Plan	Par	M	Claims	
	10850 Metropolitan Health Plan	Par	M	Claims	
	10850 Metropolitan Health Plan	Par	M	ERA	Providers must first contact provider services at 1-877-620-9090 for credential/contracting. Then complete the ERA PSF Form.
	23550 MFC & HealthPlus Peoria	Par	M	Claims	
	74289 MHNET	Par	M	Claims	
	64068 MHP Systems	Par	M	Claims	
	37127 Michael Reese Physicians Group	Par	M	Claims	
	38164 Michigan Education Special	Par	M	Remittance Image	
	15529 Michigan Employee Benefit Mid Atlantic Psychiatric Services Inc.	Par	M	Remittance Image	
	52149 (MAPSI)	Par	M	Claims	
	37281 Mid-America Associates Inc.	Par	M	Claims	
	47080 Midlands Choice Inc.	Par	M	Claims	
	61144 Midwest Group Administrators	Par	M	Remittance Image	
	76079 Midwest Health Partners Mid-West National Life Insurance Co. of	Par	M	Claims	Payer ID valid only if the address on the Health ID Card matches the following: P.O. Box 982017 North Richland Hills TX 76182.
	59224 Tennessee - Insurance Center Mid-West National Life Insurance Co. of	Par	M	Claims	
	59224 Tennessee - Insurance Center	Par	M	ERA	
	Mid-West National Life Insurance Co. of				Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025 809067 809079 809066 809036 809081 Dallas Tx 75380-9025.
	74227 Tennessee - Student Insurance	Par	M	Claims	
	5018 MIPS	Par	M	Claims	
	64068 Mississippi Health Partners	Par	M	Claims	
	64084 Mississippi Physicians Care Network Mississippi Public Entity Employee	Par	M	Claims	
	37233 Benefit Trust	Par	M	Claims	
	64088 Mississippi Select Health Care	Par	M	Claims	Also doing business as Select Administrative Services (SAS).
	37275 Missoula County Medical Benefits Plan	Par	M	Claims	
	43179 Missouri Care/MC	Par	M	Claims	
	35316 MMA	Par	M	Claims	
*	41154 MMSI			M ERA	
	41154 MMSI	Par	M	Claims	Mayo Management Services Inc.
	38333 Molina Healthcare of CALIFORNIA	Par	M	Claims	
	51062 Molina Healthcare of Florida	Par	M	Claims	
	38334 Molina Healthcare of MICHIGAN	Par	M	Claims	

20676	Molina Healthcare of Nevada	Par	M	Claims	
9824	Molina Healthcare of New Mexico - Salud	Par	M	Claims	
4423	Molina Healthcare of New Mexico -SCI	Par	M	Claims	
20149	Molina Healthcare of Ohio	Par	M	Claims	
20554	Molina Healthcare of Texas	Par	M	Claims	
38336	Molina Healthcare of WASHINGTON	Par	M	Claims	
91128	Molina Healthcare of Washington ASO Molina Healthcare of Washington ASO -	Par	M	Claims	
82119	Encounters Claims Only Montefiore Contract Management	Par	M	Encounters	
13174	Organization	Par	M	Claims	
35092	MORRIS ASSOCIATES	Par	M	ERA	
35092	MORRIS ASSOCIATES Mountain States Administrative Services	Par	M	Claims	
86040	(Tucson AZ)	Par	M	Claims	
80900	MPA-Custom Provider Network	Par	M	Claims	
37233	MPE Services Inc.	Par	M	Claims	
37233	MPEEBT	Par	M	Claims	
					Payer ID 39634 only accepts claims for the states of AZ IL IN and OH. Claims for any other states should not be directed to Payer ID 39634 no exceptions please.
39634	Multiplan Inc. for American Family Multiplan Wisconsin Preferred Provider	Par	M	Claims	
34080	Network	Par	M	Claims	
81883	Municipal Health Benefit Fund	Par	M	Claims	
37256	Mutual Assurance Administrators	Par	M	Claims	
59140	Mutual Group (The) (US)	Par	M	Claims	
71412	Mutual of Omaha Insurance Company	Par	M	Claims	
71412	Mutual of Omaha Insurance Company	Par	M	ERA	
71412	Mutually Preferred	Par	M	Claims	
14165	MVP Health Plan of NY N.W. Ironworkers Health & Security Trust	Par	M	Claims	
91136	Fund N.W. Roofers & Employers Health &	Par	M	Claims	Please enter Group Number (F15) when submitting claims.
91136	Security Trust Fund	Par	M	Claims	Please enter Group Number (F26) when submitting claims.
91136	N.W. Textile Processors NAA (North America Administrators L.P.)	Par	M	Claims	Please enter Group Number (F14) when submitting claims.
65085	(Nashville TN)	Par	M	Claims	
					Now known as Meritain Health. Payer ID valid only for claims with billing submission address of P.O. Box 94928 Cleveland OH 44101-4928 or P.O. Box 89476 Cleveland OH 44101-5476.
34159	NABN (Cleveland OH)	Par	M	Claims	
53011	NALC/Affordable	Par	M	Claims	
53011	National Association of Letter Carriers National Association of Letter	Par	M	Claims	
53011	Carriers/NALC National Benefit Administrators - New	Par	M	Claims	
56175	Jersey National Benefit Administrators - North	Par	M	Claims	
56176	Carolina National Capital Preferred Provider	Par	M	Claims	
90001	Organization (NCPPO)	Par	M	Claims	Customer Service phone number: (800 272-5911)
75275	National Health Insurance Company	Par	M	Remittance Image	
SX190	National Imaging Associates	Par	M	Claims	
SX190	National Imaging Associates	Par	M	ERA	
52132	National Rural Electric Coop (NRECA) National Telecommunications Cooperative	Par	M	Claims	
52104	Association (NTCA - Staff) National Telecommunications Cooperative	Par	M	Claims	
52103	Association (NTCA)	Par	M	Claims	
31417	Nationwide Health Plans	Par	M	Claims	
31417	Nationwide Health Plans	Par	M	ERA	
75190	NCAS - Fairfax VA	Par	M	Claims	
75190	NCAS - Fairfax VA Neighborhood Health Partnership of	Par	M	Remittance Image	
96107	Florida	Par	M	Claims	Payer ID is valid for claims submission address PO Box 025680 Miami FL 33102-5680. Any questions should be directed to (305)715-4334.
4293	Neighborhood Health Plan (Boston MA) Neighborhood Health Plan of Rhode Island	Par	M	Claims	
5047	(NHPRI)	Par	M	Claims	Please call NHPRI at 1-401-459-6020 to obtain or confirm your provider and vendor number prior to your initial claims submission.
37255	Nesika Health Group Netcare Life and Health Insurance	Par	M	Claims	
66055	(Hagatna Guam)	Par	M	Claims	
					Before initiating submissions please contact Provider Relations at (617) 806-8104 or edi@network-health.org for an EDI setup form.
4332	Network Health	Par	M	Claims	
77076	Network Health Insurance Corp-Medicare	Par	M	Claims	

Plan ID	Plan Name	Par	M	Claims	Notes
39144	Network Health Plan of Wisconsin Inc.	Par	M	Claims	Use for Network Health Plan HMO and POS claims only. Payer Id valid only if the send claims to address on the back of the member's card is PO Box 568 Menasha WI 54952. DO NOT USE this payer id for Network Platinum Plus Network Premier Plus or Managed
58204	Network TPA LLC	Par	M	Claims	
NCH09	New Century Health - Vista Cardiology New Era Employee Welfare Benefit Plan	Par	M	Claims	
76031	Trust	Par	M	Claims	
75281	New Era Life Insurance Company	Par	M	Claims	
65056	New Market Dimensions	Par	M	Claims	
11334	New York Network Management New York Presbyterian Community Health	Par	M	Claims	
48186	Plan New York Presbyterian System Select	Par	M	Claims	
24819	Health	Par	M	Claims	
38225	NGS American Inc	Par	M	ERA	
38225	NGS American Inc	Par	M	Claims	
38225	NGS American Inc	Par	M	Remittance Image	
88049	NHBC 01 NHP/SHP (Neighborhood Health Providers and Suffolk Health Plan)	Par	M	Claims	
11325	Nippon Life Insurance Company of America	Par	M	ERA	
81264	Nippon Life Insurance Company of America	Par	M	Claims	
22603	NJ Carpenters Health Fund	Par	M	Claims	
Pilot	NMCI	Par	M	Claims	
64157	North American Administrators Inc. North American Benefits Network	Par	M	Claims	Now known as Meritain Health Now known as Meritain Health. Payer ID valid only for claims with billing submission address of P.O. Box 94928 Cleveland OH 44101-4928 or P.O. Box 89476 Cleveland OH 44101-5476.
34159	(Cleveland OH)	Par	M	Claims	
64157	North American Health Plan North American Medical Management (NAMM) - Northern California	Par	M	Claims	Now known as Meritain Health Please contact the EDI Dept for North American Medical Management (NAMM) - Northern California Lead/Supervisor at 1-800-956-8000 prior to initial submission of claims.
E3510	North American Medical Management (NAMM) - Southern California	Par	M	Claims	
E3510	64157 North American Preferred	Par	M	Claims	Now known as Meritain Health
	37314 North Broward Hospital District	Par	M	Claims	
	35212 North Texas Healthcare Network Northern California Sheet Metal Workers	Par	M	Claims	
	38238 Health Care Plan	Par	M	Claims	Payer ID valid for claims with a submission address of PO Box 1138 San Ramon CA 94583.
	36347 Northern Illinois Health Plan	Par	M	Claims	
	88027 Northern Nevada Trust Fund NorthShore University Health System	Par	M	Claims	Please call (775) 826-7200 to verify if you should be sending claims to Northern Nevada Trust Fund.
	36364 Medical Group	Par	M	Claims	
	60058 Northstar Advantage NORTHWEST COMMUNITY HEALTH	Par	M	Claims	
	36234 PARTNERS Northwest Diagnostic Clinic/SelectCare of	Par	M	Claims	
	62119 Texas (NWDC)	Par	M	Claims	
	36346 Northwest Suburban IPA (Illinois) 6226 Novanet	Par	M	Claims	
	71080 Novasys Health Network	Par	M	Claims	
	37299 Nyhart OAK WEST PRIMARY PHYSICIAN	Par	M	Claims	
	36402 ASSOCIATION	Par	M	Claims	
	72127 Ochsner Health Plan	Par	M	Claims	
	13350 ODS Health Plan	Par	M	Claims	
	72087 Office of Group Benefits- Louisiana	Par	M	Claims	Office of Group Benefits is located in the state of Louisiana. This payer is currently not sending 997's. Syntax errors will be worked on with payer tech.
	14163 Ohana Health Plan	Par	M	Claims	
	34189 Ohio Health Choice PPO	Par	M	Claims	Payer ID valid only for claims with a billing submission address of PO Box 3619 Akron OH 44309-3619 or PO Box 93538
	95435 Ohio Health Group	Par	M	Claims	
	22521 OK State Employees & Educators (EDS)	Par	M	Claims	
	68037 OMNI/Medicore HP	Par	M	Claims	
	25150 Omnicare A Coventry Health Plan	Par	M	Claims	For claims with date of service AFTER 10/1/04.
	25150 Omnicare A Coventry Health Plan	Par	M	Claims	For claims with date of service AFTER 10/1/04.
	25150 Omnicare A Coventry Health Plan	Par	M	ERA	Paper remits will continue.
	25150 Omnicare A Coventry Health Plan	Par	M	ERA	Paper remits will continue.
	22321 One Call Medical	Par	M	Claims	
	52149 OneNet PPO LLC.	Par	M	Claims	Name effective from 9/1/2006. Previous name Alliance PPO LLC.

	Operating Engineers Locals 302 & 612						
	91136 Health & Security Fund	Par	M	Claims		Please enter Group Number (F12) when submitting claims.	
	52148 Optimum Choice Inc. (OCI)	Par	M	Claims			
	Optimum Choice of the Carolinas Inc.						
	52152 (OCCI)	Par	M	Claims			
	20133 Optimum Healthcare Inc.	Par	M	Claims			
	41194 OptumHealth - CMC	Par	M	Claims			
	Orthonet - Uniformed Services Family					Claims are printed and mailed to the payer. For Payable USFHP (NY & NJ) outpatient therapy claims only. Contact Theresa Malgioglio at (914) 681-8800.	
	13382 Health Plan	Par	M	Claims			
	13383 Orthonet- Aetna	Par	M	Claims			
	13381 Orthonet Corporation - CIGNA	Par	M	Claims			
	25681 Orthonet-HealthNet	Par	M	Claims			
	62171 OSF Health Plans	Par	M	Claims			
	73071 OSMA Health - C. L. Frates	Par	M	Claims			
	6111 Oxford Health Plans	Par	M	Claims			
	87068 P5 Health Plan Solutions of Utah	Par	M	Remittance Image			
	87068 P5 Health Plan Solutions of Utah	Par	M	Claims			
	33053 PacifiCare Behavioral Health	Par	M	Claims			
	41194 PacifiCare Encounters	Par	M	Encounters			
	95964 PacifiCare of Arizona	Par	M	ERA			
	95964 PacifiCare of Arizona - Claims	Par	M	Claims			For payable PacifiCare/Secure Horizons HMO and POS claims only. Not for PPO claims. For further questions you may inquire via email at edioutreach@phs.com
	95959 PacifiCare of California - Claims	Par	M	ERA			
	95959 PacifiCare of California - Claims	Par	M	Claims		For Payable Pacificare/Secure Horizon HMO claims only. NOT for PPO claims. For further questions you may inquire via email at edioutreach@phs.com . Must submit with PacifiCare submitter. Please contact EncounterCollection@phs.com to obtain.	
	95958 PacifiCare of California - Encounters	Par	M	Encounters			
	95962 PacifiCare of Colorado	Par	M	ERA			
	95962 PacifiCare of Colorado - Claims	Par	M	Claims			
	95959 PacifiCare of Oklahoma - Claims	Par	M	Claims		For payable PacifiCare/Secure Horizons HMO and POS claims only. Not for PPO claims. For further questions you may inquire via email at edioutreach@phs.com	
	95959 Pacificare of Oklahoma - Claims	Par	M	ERA			
	95958 PacifiCare of Oklahoma - Encounters	Par	M	Encounters		Must submit with PacifiCare submitter ID. Please contact EncounterCollection@phs.com to obtain.	
	95959 PacifiCare of Oregon - Claims	Par	M	Claims			
	95959 PacifiCare of Oregon - Claims	Par	M	ERA		For Payable Pacificare/Secure Horizon HMO claims only. NOT for PPO claims. For further questions you may inquire via email at edioutreach@phs.com .	
	95958 PacifiCare of Oregon - Encounters	Par	M	Encounters			
	95959 PacifiCare of Texas - Claims	Par	M	Claims		Must submit with PacifiCare submitter ID. Please contact EncounterCollection@phs.com to obtain.	
	95959 Pacificare of Texas - Claims	Par	M	ERA			
	95958 PacifiCare of Texas - Encounters	Par	M	Encounters		For Payable Pacificare/Secure Horizon HMO claims only. NOT for PPO claims. For further questions you may inquire via email at edioutreach@phs.com .	
	95959 PacifiCare of Washington - Claims	Par	M	ERA			
	95959 PacifiCare of Washington - Claims	Par	M	Claims		For Payable Pacificare/Secure Horizon HMO claims only. NOT for PPO claims. For further questions you may inquire via email at edioutreach@phs.com . Must submit with PacifiCare submitter ID. Please contact EncounterCollection@phs.com to obtain.	
	95958 PacifiCare of Washington - Encounters	Par	M	Encounters			
	95999 PacifiCare PPO - All States	Par	M	Claims		For payable PPO claims only. NOT for Pacificare/Secure Horizons HMO claims. For further questions you may inquire via email at phsedisupport@phs.com . Payer does not accept COB claims electronically	
	93029 PacificSource Health Plans	Par	M	Claims			
	93029 PacificSource Health Plans	Par	M	ERA			
	37287 PAI	Par	M	Claims			
	58174 Paragon Benefits Inc.	Par	M	Claims			
Call	Park Terrace/Encompass Medical Group	Par	M	Claims		To obtain Payer ID and enroll with payer please contact Tristin Rausche 858-824-7100 TRausche@scpmcs.org	
Call	Park Terrace/Encompass Medical Group	Par	M	Encounters		To obtain Payer ID and enroll with payer please contact Tristin Rausche 858-824-7100 TRausche@scpmcs.org	
	66917 Parkland Community Health Plan	Par	M	Claims			
Call	Partners National Health Plans of North Carolina Inc	Par	M	Claims		Contracted providers only. Please call Partners National Health Plan of NC provider services department at (888) 296-9790; option 2 for electronic claims set-up.	
	76569 Passport Advantage	Par	M	Claims		Only claims with a DOS and/or Admit Date on or after 1/1/2010 shall be submitted to this new Payer ID.	

61129	Passport Health Plan	Par	M	ERA	
61129	Passport Health Plan	Par	M	Remittance Image	
61129	Passport Health Plan	Par	M	EFT	
61129	Passport Health Plan	Par	M	Claims	Medicaid managed care. For EDI support please e-mail edi.php@kmhp.com.
10525	Patient Advocates LLC	Par	M	Claims	
68049	Peach State Health Plan	Par	M	Claims	Prior to submitting claims please call Provider Relations Dept at 1-866-874-0633 to verify your provider info is on file in the claim system. This will prevent rejections and allow payments to be made in a timely
68049	Peach State Health Plan	Par	M	ERA	
20472	Pediatric Associates	Par	M	Remittance Image	
37086	Pekin Life Insurance Company	Par	M	Remittance Image	
Call	Pennsylvania's Preferred Health Network	Par	M	Claims	Call Jessica Picarde Manager of PPHN Claims Operations(410) 349-3222
72126	Peoples Health Network	Par	M	Claims	
72126	Peoples Health Network	Par	M	ERA	
25176	PerformCare-Select Health MH/SA	Par	M	Claims	For Behavioral Health EDI support please e-mail edi@cbhnp.org
25133	PersonalCare	Par	M	Claims	Formerly payer ID 25146 Now part of Coventry Consolidated payer ID.
25146	PersonalCare	Par	M	ERA	
25146	PersonalCare	Par	M	ERA	
13306	PHCS Savility Payers	Par	M	Claims	
3440	Phoenix Health Plan	Par	M	Claims	
	PHP - Physicians Health Plan of Northern				Contracted Providers: All claims require NPI. Contact (260) 432-6690 x549 with questions. Corrected/adjustment claims - submit via paper.
12399	Indiana (Fort Wayne IN)	Par	M	Claims	Anesthesia claims - submit with ASA/AA modifiers and billed with
	PHP - Physicians Health Plan of Northern				
12399	Indiana (Fort Wayne IN)	Par	M	ERA	
87726	PHP of South Michigan	Par	M	Claims	
87726	PHP of South Michigan	Par	M	ERA	
87726	PHP of Southwest Michigan	Par	M	ERA	
87726	PHP of Southwest Michigan	Par	M	Claims	
87726	PHP of West Michigan	Par	M	Claims	
87726	PHP of West Michigan	Par	M	ERA	
37330	Physicians Health Plan (PHP) Mid-	Par	M	Claims	
37330	Physicians Health Plan (PHP) Mid-	Par	M	ERA	
58204	Physician Associates of Louisiana	Par	M	Claims	
	Physician Associates of the Greater San				Please call David McGee 626-817-8354 or Art Tarin 626-817-8318 to obtain the Payer Id
Call	Gabriel Valley	Par	M	Claims	
58204	Physicians Care Network LLC	Par	M	Claims	
	Physicians Alliance/Stones River Regional				
15749	IPA	Par	M	Claims	
38265	Physicians Care (ASR Corporation)	Par	M	Claims	Note: This is Physicians Care Network located in Michigan
	Physicians Care Health Plans (ASR				
38265	Corporation)	Par	M	Claims	Note: This is Physicians Care Network located in Michigan
	Physicians Care Network (ASR				
38265	Corporation)	Par	M	Claims	Note: This is Physicians Care Network located in Michigan
	Physicians Care Network (Rockford IL				
36345	only)	Par	M	Claims	
30705	Physicians Care of CA	Par	M	Remittance Image	
37136	Physicians Health Association of Illinois	Par	M	Claims	
20398	Physicians Health Collaborative	Par	M	Claims	
9173	Physicians Health Plan (PHP) - SC	Par	M	Claims	
37330	Physicians Health Plan PHP South	Par	M	Claims	
47027	Physicians Mutual Insurance Company	Par	M	ERA	
47027	Physicians Mutual Insurance Company	Par	M	Claims	Please send all PPO and dental claims to the address on the back of the insured's ID Card
39156	Physicians Plus Insurance Corporation	Par	M	Claims	
6607	Piedmont Behavioral Health	Par	M	Claims	
24735	Pinnacle Claims Management Inc.	Par	M	Claims	
45985	Pinnacle Physician Management ORG	Par	M	Claims	
84109	Pinnacol Assurance	Par	M	Claims	
37224	Pittman & Associates	Par	M	ERA	
37224	Pittman & Associates	Par	M	Claims	
37224	Pittman & Associates	Par	M	Remittance Image	
64160	Pivotal Plan	Par	M	Claims	
37287	Planned Administrators Inc.	Par	M	Remittance Image	
37287	Planned Administrators Inc.	Par	M	Claims	Providers submitting claims as a Preferred Blue provider should not submit claims using payer ID 37287
58204	Podi Care Managed Care	Par	M	Claims	
59324	PODIATRY NETWORK FL	Par	M	Claims	
	Poly America Medical & Dental Benefits				
32680	Plan	Par	M	Claims	
16111	POMCO	Par	M	Claims	
16111	POMCO	Par	M	Remittance Image	
38335	PPOM LLC	Par	M	Claims	

	72148 PPOPlus LLC	Par	M	Claims	
	4334 Practicare Inc	Par	M	Claims	
	36373 Prairie States Enterprises Inc.	Par	M	Claims	
	61665 Preferred Benefits Administrator	Par	M	Claims	E6-14 Required on Medical
	59291 Preferred Care FL	Par	M	Claims	
	56178 Preferred Care NC	Par	M	Claims	
	65088 Preferred Care Partners Florida	Par	M	Encounters	
					We process claims for only the Miami Florida area. Please check the address on the members id card before submitting claims.
	65088 Preferred Care Partners Florida	Par	M	Claims	
	65088 Preferred Care Partners Florida Preferred Community	Par	M	Remittance Image	
	73145 Choice/PCCSelect/CompMed	Par	M	Claims	
					Contact Sherry Wolgemuth Vice President of Claims Operations for Preferred Health Care at (717) 560-9290 ext. 124 for approval and the Payer ID.
Call	Preferred Health Care - PPO Lancaster PA (IHS Gateway Payer)	Par	M	Claims	
Call	Preferred Health Choices LLC	Par	M	Remittance Image	
	61106 Preferred Health Plan (Louisville KY)	Par	M	Claims	
	31478 Preferred Health Professionals Preferred Health Systems Insurance	Par	M	Claims	
	60110 Company Preferred Health Systems Insurance	Par	M	Claims	
	60110 Company	Par	M	ERA	Providers who are interested in receiving ERAs from Preferred Health Systems shall call 316-609-2434
	36401 Preferred Network Access Inc.	Par	M	Claims	
	60110 Preferred Plus of Kansas	Par	M	Claims	
	41147 PreferredOne (MN)	Par	M	Claims	
	43166 Premier Benefits Inc.	Par	M	Claims	
	43166 Premier Health Plans	Par	M	Claims	
					Premier Health Systems Inc. is part of the Medical Mutual Family of Companies. For claims with DOS prior to 4/1/09 use payer ID 90440. Claims with DOS 4/1/09 and after use their new payer ID 29076. Premier Health Systems Inc. is part of the Medical Mutual Family of Companies. Former payer ID 90040. Use Payer ID 20976 for claims with DOS 4/1/09 and after. For claims with DOS prior to 4/1/09 use former payer ID 90440.
	90440 Premier Health Systems Inc	Par	M	Claims	
	29076 Premier Health Systems Inc.	Par	M	Claims	
	5003 Presbyterian (NM)	Par	M	Claims	
	45056 Prestige Health Choice	Par	M	Claims	
	39185 Prevea Health Plan	Par	M	Claims	
	82048 Primary Health Network	Par	M	Claims	
	82048 Primary Health Network	Par	M	Remittance Image	
	56144 Primary PhysicianCare Inc.	Par	M	Claims	
	56190 Prime Vision Health	Par	M	Claims	
	61604 Prime West Health Plan	Par	M	Claims	
	61604 Prime West Health Plan	Par	M	ERA	
	PrimeSource Health Network (PSHN) -				
Call	PPO Harrisburg PA (IHS Gateway Payer)	Par	M	Claims	Before submitting contact Jessica Picarde at (410) 349-3222
	61271 Principal Financial Group	Par	M	Claims	
	61271 Principal Financial Group	Par	M	ERA	
	61271 Principal Life Insurance Co.	Par	M	Claims	
	38217 Priority Health	Par	M	Claims	
	37268 Prism Network Inc.	Par	M	Claims	
	37296 Prism Network Inc.	Par	M	Claims	
	37303 Prism-First Health	Par	M	Claims	
	37315 Prism-Univera	Par	M	Claims	
					Payer ID valid for claims with the following submission addresses: PO Box 3160 Detroit MI 48203 AND PO Box 3590 Detroit MI 48203.
	38329 Pro Care Health Plan Inc. (Detroit MI)	Par	M	Claims	
	70259 ProCare Health Plan Medicaid Professional Benefit Administrators	Par	M	Claims	
	59296 (Winter Park FL) Professional Benefit Administrators Inc.	Par	M	Claims	
	36331 (Oak Brook IL)	Par	M	Claims	Payer ID is valid only for claims with billing submission name city and state of Professional Benefit Administrators Inc. Oak Brook IL.
Call	Professional Benefit Services	Par	M	Remittance Image	
	34134 Professional Risk Management	Par	M	Claims	
	37309 Protective Life Insurance Company	Par	M	Claims	
SX133	Providence of Oregon Health Plan	Par	M	ERA	
*	SX133 Providence of Oregon Health Plan	Par	M	Claims	For Claims Status please contact Susan Naanes @ 503-574-7441 or Debra Wallenstein at 503-574-7450.
*	SX187 Providence PPO	Par	M	Claims	For Claims Status please contact Susan Naanes @ 503-574-7441 or Debra Wallenstein at 503-574-7450 .
	9822 PSN - Florida Medicaid (JMH)	Par	M	Claims	
	51052 PSYCHCARE LLC	Par	M	Claims	
	91136 Puget Sound Benefits Trust	Par	M	Claims	Please enter Group Number (F25) when submitting claims.
	91136 Puget Sound Electrical Workers Trust PUGET SOUND HEALTH PARTNERS	Par	M	Claims	Please enter Group Number (F33) when submitting claims.
	42172 INC.	Par	M	Claims	
	48055 Pyramid Life Insurance Company	Par	M	Claims	

	39197 Quad Med LLC (Pewaukee WI)	Par	M	Claims	
	35174 Qual Choice of Arkansas	Par	M	Claims	
	23342 QualCare Inc.	Par	M	Claims	New Providers must enroll with QualCare at (800) 992-6613 option 5.
	73067 QuikTrip	Par	M	Claims	E-print address: QuikTrip P.O. Box 733 Buckeystown MD 21717
	57117 QVI Risk Solutions Inc.	Par	M	Claims	
Call	RADCON INC.	Par	M	Claims	Please contact Kathy King @ (856) 608-1350 for Payer Id information.
	91176 RBMS LLC	Par	M	Claims	
	91176 RBMS LLC	Par	M	Remittance Image	
	38221 Regency Employee Benefits	Par	M	Claims	
	47076 Regional Care Inc.	Par	M	Claims	
	47076 Regional Care Inc.	Par	M	Remittance Image	
	76066 Renaissance Physicians Organization	Par	M	Claims	
	73066 Reserve National Insurance	Par	M	Claims	For claims rejections please contact Reserve National Customer Service at (405) 848-7931
	37278 ResourceOne Administrators Resurrection Health Care Preferred/FKA	Par	M	Claims	Please call (773) 572-8311 or(773) 572-8309 prior to your first submission of claims
	36396 Family Medical Network	Par	M	Claims	
	26316 Retiree Health Trust RIVERSIDE SAN BERNARDINO	Par	M	Claims	
Call	COUNTY INDIAN HEALTH INC.	Par	M	Claims	
	16117 RMSCO INC.	Par	M	Claims	
	16117 RMSCO INC. Rocky Mountain Health Plan - Grand	Par	M	Claims	
SX141	Junction	Par	M	Claims	
	37602 Rooney Life Inc.	Par	M	Claims	
	25133 Rural Carrier Benefit Plan	Par	M	Claims	Formerly payer ID 62413 Now part of Coventry Consolidated payer ID.
	62413 Rural Carrier Benefit Plan	Par	M	ERA	Including NRLCA Staff Plan.
	36339 Rush Health Association	Par	M	Claims	Including NRLCA Staff Plan
	36389 Rush Prudential Health Plans (HMO Only)	Par	M	Claims	
	63070 RWDSU BENEFIT FUND	Par	M	Claims	
	31441 S & S Healthcare Strategies	Par	M	Claims	
	35164 Sagamore Health Network	Par	M	Claims	
	37105 Sage Technologies	Par	M	Claims	
	37137 Sage Technologies - PBS	Par	M	Claims	
	88029 SAINT MARY'S HEALTH PLAN SAINT MARY'S HEALTH PLAN	Par	M	Claims	
	88082 (ENCOUNTERS)	Par	M	Encounters	
	68035 San Joaquin Health Administrators	Par	M	Claims	
	91184 Sanford Health Plan	Par	M	Claims	
*	91184 Sanford Health Plan SANTA CLARA FAMILY HEALTH		M	ERA	
	24077 PLAN	Par	M	Claims	
	77038 Sante Health System and Affiliates	Par	M	Claims	
	72261 SCAN Health Plan	Par	M	Claims	
	73172 Scan Health Plan Arizona	Par	M	Claims	
	20460 SCAN Long Term Care SCHC Total Care Inc. (Acceptus Gateway	Par	M	Claims	
	16146 payer)	Par	M	Claims	
	13310 Seabury & Smith	Par	M	Claims	
	28530 Secure Health Plans of Georgia LLC	Par	M	Claims	
	95964 Secure Horizons Arizona - Claims	Par	M	Claims	For payable PacifiCare/Secure Horizons HMO and POS claims only. Not for PPO claims. For further questions you may inquire via email at edioutreach@phs.com
	95959 Secure Horizons California - Claims	Par	M	Claims	For Payable Pacificare/Secure Horizon HMO claims only. NOT for PPO claims. For further questions you may inquire via email at edihmoinfo@phs.com.
	95962 Secure Horizons Colorado - Claims	Par	M	Claims	For payable PacifiCare/Secure Horizons HMO and POS claims only. Not for PPO claims. For further questions you may inquire via email at edioutreach@phs.com
	95959 Secure Horizons of California - Claims	Par	M	ERA	
	95959 Secure Horizons of Oklahoma - Claims	Par	M	Claims	For Payable Pacificare/Secure Horizon HMO claims only. NOT for PPO claims. For further questions you may inquire via email at edihmoinfo@phs.com.
	95959 Secure Horizons of Oklahoma - Claims	Par	M	ERA	
	95959 Secure Horizons of Oregon - Claims	Par	M	Claims	For Payable Pacificare/Secure Horizon HMO claims only. NOT for PPO claims. For further questions you may inquire via email at edihmoinfo@phs.com.
	95959 Secure Horizons of Oregon - Claims	Par	M	ERA	
	95959 Secure Horizons of Texas - Claims	Par	M	Claims	For Payable Pacificare/Secure Horizon HMO claims only. NOT for PPO claims. For further questions you may inquire via email at edihmoinfo@phs.com.
	95959 Secure Horizons of Texas - Claims	Par	M	ERA	
	95959 Secure Horizons of Washington - Claims	Par	M	ERA	

					For Payable Pacificare/Secure Horizon HMO claims only. NOT for PPO claims. For further questions you may inquire via email at edihmoinfo@phs.com.
	95959	Secure Horizons Washington - Claims	Par	M	Claims
	39045	Security Health Plan	Par	M	Claims
	64088	Select Administrative Services (SAS)	Par	M	Claims
	93031	Select Benefit Administrators Inc.	Par	M	Claims
					Also known as Mississippi Select Health Care.
					Payer ID valid only for claims with a billing submission address of P.O. Box 440 Ashland WI 54806.
	37282	Select Benefit Administrators of America	Par	M	Claims
	37282	Select Benefit Administrators of America	Par	M	Remittance Image
	23285	Select Health of South Carolina	Par	M	ERA
	23285	Select Health of South Carolina	Par	M	Remittance Image
	23285	Select Health of South Carolina	Par	M	EFT
	23285	Select Health of South Carolina	Par	M	Claims
	20415	Select Senior Clinic	Par	M	Claims
*	14	SelectCare	Par	M	Claims
		SelectCare of Texas (HPN) Heritage			
	76045	Physicians Network	Par	M	Claims
	61225	SelectCare of Texas (Kelsey-Seybold)	Par	M	Claims
Call		Self Funded Administrators	Par	M	Remittance Image
		Self Insured Benefit Administrators			
	59111	(Clearwater FL)	Par	M	Claims
	36404	Self Insured Plans (Naples FL)	Par	M	Remittance Image
					Payer ID valid only for claims with a submission address of 18167 US Highway 19 North Suite 300 Clearwater FL 33764.
					Payer ID valid only for claims with a submission address of 1016 Collier Center Way Suite 200 Naples FL 34110. Please call Customer Service at (239) 403-7884 to verify claims submission to Self Insured Plans - Payer ID 36404 (Naples FL).
	36404	Self Insured Plans (Naples FL)	Par	M	Claims
	34131	Self-Funded Plans Inc.	Par	M	Claims
	36390	Senior Care Partners	Par	M	Claims
	83035	SENIOR WHOLE HEALTH	Par	M	Remittance Image
	83035	SENIOR WHOLE HEALTH	Par	M	Claims
	23249	Sentinel Management Services	Par	M	Claims
					Claims must have the Sentry Life Insurance Co. Group and Subscriber Numbers. To verify you are using the correct number you may contact Sentry's Customer Service Department at 1-800-426-7234
	39033	Sentry Insurance a Mutual Company	Par	M	Claims
	39033	Sentry Life Insurance Company	Par	M	ERA
					Claims must have the Sentry Life Insurance Co. Group and Subscriber Numbers. To verify you are using the correct number you may contact Sentry's Customer Service Department at 1-800-426-7234
	39033	Sentry Life Insurance Company	Par	M	Claims
					Claims must have the Sentry Life Insurance Co. Group and Subscriber Numbers. To verify you are using the correct number you may contact Sentry's Customer Service Department at 1-800-426-7234
	39033	Sentry Life of New York	Par	M	Claims
	76056	Seton CHIP	Par	M	Claims
	25404	Seven Corners	Par	M	Claims
	75280	Shasta Administrative Services	Par	M	Claims
		Sheet Metal Workers Local 104 Health			
	38238	Care Plan (San Ramon CA)	Par	M	Claims
					Jeld-Wen Claims Only
					Payer ID valid for claims with a submission address of PO Box 1618 San Ramon CA 94583.
					Please contact Cate Ahlquist at Sheffield Olson & McQueen Inc. prior to submitting claims electronically. Phone number is 651-695-2602
Call		Sheffield Olson & McQueen Inc	Par	M	Claims
	76342	Sierra Health Services	Par	M	Remittance Image
	76342	Sierra Health Services	Par	M	EFT
	76342	Sierra Health Services	Par	M	Claims
					EFT is a requirement to receive ERA transactions from Sierra Health Services
	76342	Sierra Health Services	Par	M	ERA
		Sierra Health ServicesAmerichoice of San Diego-			
	76343	Diego-	Par	M	Encounters
					Valid only for HCFA-1500 claims currently mailed to Signature Health Alliance P.O. Box 22419 Nashville TN 37202-2419.
	62159	Signature Health Alliance	Par	M	Claims
	23250	Significa Benefits Services Inc.	Par	M	Claims
	36387	Silver Cross Managed Care Organization	Par	M	Claims
	84076	Sinclair Health Plan	Par	M	Claims
	84096	Sloans Lake Preferred Health Networks	Par	M	Claims
	2057	Smith Administrators	Par	M	Remittance Image
	2057	Smith Administrators	Par	M	Claims
					Sutter Connect requires the providers to complete an application & get approval from us prior to sending claims to a clearinghouse. Contact Sutter Connect EDI Dept @ (800)611-5191 for payer ID.
Call		Solano Regional Medical Group	Par	M	Claims
		Sound Health (now known as First Choice			
	91131	Health Network)	Par	M	Claims
		South Central Preferred - PPO York PA			
Call		(IHS Gateway Payer)	Par	M	Claims
		South FL Community Care Network -			
	37314	NBHD	Par	M	Claims
Call		South Haven Community Hospital	Par	M	Claims
	35227	South Point Hotel & Casino	Par	M	Claims
	25147	SouthCare/Healthcare Preferred	Par	M	Claims
					Call Jane Grove at Provider Relations for South Central Preferred (717) 851-6715

25147	SouthCare/Healthcare Preferred	Par	M	Claims	
37318	Southern Benefit Services	Par	M	Remittance Image	
37318	Southern Benefit Services	Par	M	Claims	Southern Benefit Services will no longer process claims from the following Provider Groups: Brockman Enterprises and SPS
25133	Southern Health Service Inc.	Par	M	Claims	Formerly payer ID 25128. Now part of Coventry Consolidated payer ID.
25128	Southern Health Services Inc.	Par	M	ERA	
25128	Southern Health Services Inc.	Par	M	ERA	
					Please enter the unique policy number or ID card when submitting claims. Payer ID valid only for claims with a billing submission address of PO Box 982005 Ft. Worth TX 76182.
37266	Southwest Service Life	Par	M	Claims	
52190	Special Risk International	Par	M	Claims	
	Spectrum Administrators Inc. - TPA				
23253	Allentown PA (IHS Gateway Payer)	Par	M	Claims	
84146	Spina Bifida - VA HAC	Par	M	Claims	
84146	Spina Bifida - VA HAC	Par	M	ERA	
	St. Anthony Memorial Healthcare Centers -				To obtain the payer ID for this payer please contact CMCS Customer Service at (800) 352-7502
35199	MDWISE	Par	M	Claims	
22240	St. Barnabas System Health Plan	Par	M	Claims	
35199	St. Catherine Hospital PHO - MDWISE	Par	M	Claims	To obtain the payer ID for this payer please contact CMCS Customer Service at (800) 352-7502
35199	St. Francis Health Network	Par	M	Claims	To obtain the payer ID for this payer please contact CMCS Customer Service at (800) 352-7502
37264	St. John's Claims Administration	Par	M	Claims	
	St. Margaret Mercy Healthcare Centers -				To obtain the payer ID for this payer please contact CMCS Customer Service at (800) 352-7502
35199	MDWISE	Par	M	Claims	
37116	St. Therese Physician Association	Par	M	Claims	
59225	Star HRG	Par	M	Claims	Payer ID valid only if the address on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 55270 30870 30888 54150 30069 55400 Phoenix AZ 85270-5270.
61425	Starmark	Par	M	Claims	
61425	Starmark	Par	M	Claims	
46450	State Auto Insurance Companies	Par	M	Claims	
31053	State Farm Insurance Companies	Par	M	Claims	Provider must access payer website http://b2b.statefarm.com/b2b/roles/hcp_public/efit.asp and fill EFT Questionnaire for Health Care Providers and Authorization Agreement. If enrollment forms are not submitted to STATE FARM ERA remits will not process.
31053	State Farm Insurance Companies	Par	M	ERA	
57254	State of Texas Dental Plan	Par	M	Claims	
75087	States General Life Insurance	Par	M	Claims	
14163	Staywell Health Plan	Par	M	Claims	
91151	Sterling Option 1	Par	M	Claims	
Call	Stewart C Miller and Company	Par	M	Remittance Image	
31121	Stoner and Associates (Cincinnati OH)	Par	M	Claims	
15752	Stones River Regional IPA- Windsor	Par	M	Claims	
58128	Stowe Associates	Par	M	Remittance Image	
	Student Insurance - Mid-West National				Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025 809067 809079 809066 809036 809081 Dallas Tx 75380-9025.
74227	Life Insurance Co. of Tennessee	Par	M	Claims	
	Student Insurance - The MEGA Life &				Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025 809067 809079 809066 809036 809081 Dallas Tx 75380-9025.
74227	Health Insurance Company	Par	M	Claims	
35199	Suburban Health Organization	Par	M	Claims	To obtain the payer ID for this payer please contact CMCS Customer Service at (800) 352-7502
88331	Suffolk Health Plan of New York	Par	M	Claims	
95202	SummaCare Health Plan	Par	M	Claims	
37301	Summit America Insurance Services Inc.	Par	M	Claims	Student Accident and Sickness College Sports and NASCC claims only
SX186	Sun Health Corporation	Par	M	Claims	
	Sun Life and Health Insurance Company				
	(U.S.) (formerly GLHIC)				
68057	Sunshine State Health Plan	Par	M	Claims	
	Superior Administrators Inc (Santa Ana				Payer ID valid for claims with a submission address of P.O. Box 27730 Santa Ana CA 92799-7730
23218	CA)	Par	M	Claims	
	Superior Administrators Inc (Santa Ana				
23218	CA)	Par	M	Remittance Image	
39188	Superior Health Plan Texas	Par	M	ERA	
39188	Superior Health Plan Texas	Par	M	Claims	Prior to submitting claims please call Provider Relations Dept at 1-800-218-7453 to verify your provider info is on file in the claim system. This will prevent rejections and allow payments to be made in a timely Sutter Connect requires the providers to complete an application & get approval from us prior to sending claims to a clearinghouse. Contact Sutter Connect EDI Dept @ (800)611-5191 for payer ID.
Call	Sutter Delta Medical Group	Par	M	Claims	
Call	Sutter East Bay Medical Foundation	Par	M	Claims	

Call	Sutter Gould Medical Foundation	Par	M	Claims	Sutter Connect requires the providers to complete an application & get approval from us prior to sending claims to a clearinghouse. Contact Sutter Connect EDI Dept @ (800)611-5191 for payer ID.
Call	Sutter Independent Physicians	Par	M	Claims	Sutter Connect requires the providers to complete an application & get approval from us prior to sending claims to a clearinghouse. Contact Sutter Connect EDI Dept @ (800)611-5191 for payer ID
Call	Sutter Medical Foundation	Par	M	Claims	Sutter Connect requires the providers to complete an application & get approval from us prior to sending claims to a clearinghouse. Contact Sutter Connect EDI Dept @ (800)611-5191 for payer ID.
Call	Sutter Medical Group of the Redwoods	Par	M	Claims	Sutter Connect requires the providers to complete an application & get approval from us prior to sending claims to a clearinghouse. Contact Sutter Connect EDI Dept @ (800)611-5191 for payer ID.
	36411 Swedish Covenant Hospital	Par	M	Claims	
	88067 Tall Tree Administrators	Par	M	Claims	
	37228 Tarrant Health Services	Par	M	Claims	
	94304 TBT	Par	M	Claims	
	88019 Teachers Health Trust	Par	M	Claims	
	88019 Teachers Health Trust	Par	M	Remittance Image	
	23139 Teachers Protective Mutual	Par	M	Remittance Image	
	36215 Teamcare	Par	M	Claims	
	94304 Teamsters Benefit Trust	Par	M	Claims	
	36612 Teamsters Local Union #301	Par	M	Claims	
	20212 Tethys Health Ventures	Par	M	Claims	
TXCSM	TEXAS CHILDRENS HEALTH	Par	M	Claims	
	76048 Texas Children's Health Plan	Par	M	Claims	
	75228 Texas Childrens Health Plan (Medicaid)	Par	M	Claims	
	76046 Texas First Health Plans (TIOPA)	Par	M	Claims	
	33104 Texas HealthSpring	Par	M	Claims	
	13185 TexasFirst Health Plan (NTX)	Par	M	Claims	
	13192 The Allen J Flood Companies Inc	M		Remittance Image	
	The Chesapeake Life Insurance Company -				Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025 809067 809079 809066 809036 809081 Dallas Tx 75380-9025.
	74227 Student Insurance	Par	M	Claims	
	75600 The City of Odessa	Par	M	Claims	
	28777 The EPOCH Group	Par	M	Remittance Image	
	37305 The Ford Meter Box Company Inc.	Par	M	Claims	
	37305 The Ford Meter Box Company Inc.	Par	M	Remittance Image	
	20356 The Health Exchange (Cerner Corporation)	Par	M	Claims	
	The Health Plan (Massillon Ohio and St.				Services ordered by outside provider require referring provider on a HCFA and attending physician on a UB. Pease provide physician name and UPIN if available.
	34150 Clairsville Ohio only)	Par	M	Claims	
	35206 The Healthcare Group	Par	M	Claims	
	58200 The Integrity Benefit Group Inc.	Par	M	Claims	
	The Loomis Company - TPA Wyomissing				** Call Provider Relations at 610-374-4040 ext. 2438 for procedures prior to submitting electronically.
	23223 PA (IHS Gateway Payer)	Par	M	Claims	
	The MEGA Life & Health Insurance				
	59221 Company - Insurance Center	Par	M	Remittance Image	
	The MEGA Life & Health Insurance				
	59221 Company - Insurance Center	Par	M	ERA	
	The MEGA Life & Health Insurance				
	59221 Company - Insurance Center	Par	M	Claims	Payer ID valid only if the P.O. Box on the Health ID card matches the following P.O. Box: P.O. Box 982009 North Richland Hills TX 76182
	The MEGA Life & Health Insurance				Payer ID valid only if the address on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 55270 30870 30888 54150 30069 55400 Phoenix AZ 85270-5270.
	59225 Company - Starbridge StarHRG	Par	M	Claims	
	The MEGA Life & Health Insurance				
	74227 Company - Student Insurance	Par	M	Claims	Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025 809067 809079 809066 809036 809081 Dallas Tx 75380-9025.
	The MEGA Life & Health Insurance				
	59227 Company-OKC	Par	M	Claims	If the P.O. Box on the health ID card matches the following P.O. Box: P.O. Box 548801 Oklahoma City OK 73154
	59087 The National Radiology Network	Par	M	Claims	formerly Health Help Network
	13522 The Perfect Health Insurance Co.	Par	M	Claims	
	The Physicians Assurance Corp (TPAC)				
	/Employee Benefit Management Corp				
	31074 (EBM	Par	M	Claims	
	The Preferred Healthcare System (TPHS) -				
Call	PPO Altoona PA (IHS GatewayPayer)	Par	M	Claims	Before submitting contact Jessica Picarde at (410) 349-3222
	13142 The Union Labor Life Insurance Company	Par	M	Claims	
	75305 Therapy Review Systems	Par	M	Claims	This payer id is valid for contracted Therapy Review Systems Georgia providers only.
	71032 Thomas Cooper & Co Inc	Par	M	Remittance Image	
SX160	Thomas H. Cooper	Par	M	Claims	
	25175 Three Rivers Health Plans Inc	Par	M	Claims	Now known as Unison Health Plan
Call	TIC Time Ins Co	Par	M	Remittance Image	
	39065 Time Insurance Company	Par	M	ERA	
	39065 Time Insurance Company	Par	M	Claims	

39065	Time Insurance Company TML Intergovernmental Employee Benefit	Par	M	EFT	
74214	Pool	Par	M	Claims	
15750	TN IPA Today's Health Wisconsin/ Abri Health	Par	M	Claims	
20081	Plan Inc Today's Options (American Progressive and Pyramid Life)	Par	M	Claims	
48055	Today's Options (American Progressive and Pyramid Life)	Par	M	Claims	
48055	Today's Options powered by CCRX	Par	M	Remittance Image	
92620	Tongass Timber Trust	Par	M	Claims	
61425	Tooling & Manufacturing Association	Par	M	Claims	
37314	Total Claims Administration	Par	M	Claims	
31182	Total Community Care	Par	M	Claims	
38201	Total Healthcare Inc.	Par	M	Claims	
97910	Touchpoint Health Plan HMO	Par	M	Claims	
23856	Touchstone Health PSO TOUCHSTONE HEALTH/HEALTH NET	Par	M	Claims	
13402	SMART CHOICE	Par	M	Claims	
69493	Tower Life Insurance Co.	Par	M	Remittance Image	
69493	Tower Life Insurance Co. TPAC/Employee Benefit Management	Par	M	Claims	
31074	Corp	Par	M	Claims	
37230	TR Paul Inc.	Par	M	Claims	
59222	TransAmerica Life Insurance Company	Par	M	Claims	Payer ID valid only if the address on the Health ID Card matches the following: P.O. Box 982009 North Richland Hills TX 76182.
59222	TransAmerica Life Insurance Company	Par	M	ERA	
37284	TransChoice-Key Benefit Administrators	Par	M	Claims	
36397	Trellis Health Partners	Par	M	Claims	
73117	Tribute /SelectCare of Oklahoma	Par	M	Claims	
31144	TRIHEALTH PHYSICIAN SOLUTIONS TRIHEALTH PHYSICIAN SOLUTIONS -	Par	M	Claims	
31143	CONCERN	Par	M	Claims	
38269	Trinity Health Plans TriSurant (formerly Health Administration	Par	M	Claims	Enrollment required; please contact Noreen at (248) 489-5281.
34185	Services-HAS)	Par	M	Claims	
98514	TRLHN/AS	Par	M	Claims	
50884	TRLHN/AU	Par	M	Claims	
62777	TRLHN/EB	Par	M	Claims	
54210	True Choice USA	Par	M	Claims	
TH083	True Choice USA	Par	M	Claims	
91078	Trusted Plans Service Corporation	Par	M	Claims	
61425	Trustmark Insurance Company	Par	M	Claims	
61425	Trustmark Insurance Company	Par	M	ERA	
					Submitter must call the payer before submitting claims. Please contact the Tufts Health Plan EDI Operations Department at 888-880-8699 ext. 4042.
Call	Tufts Health Plan UBH - United Behavioral Health (former	Par	M	Claims	
87726	MetraHealth - UNET) UBH - United Behavioral Health (Health	Par	M	Claims	
87726	Plan - HMO)	Par	M	Claims	
22329	UHP of New Jersey	Par	M	ERA	
22329	UHP of New Jersey	Par	M	Claims	Prior to submitting claims please call Provider Relations Dept at 1-800-780-2438 to verify your provider info is on file in the claim system. This will prevent rejections and allow payments to be made in a timely
74223	UICI - Administrators - State of Nevada	Par	M	Claims	
	UICI - Administrators - State of Nevada	Par	M	Claims	Accepting claims only for the State of Nevada.
75130	UMC HEALTH PLAN	Par	M	Claims	Please begin using payer ID 74223.
75130	UMC HEALTH PLAN UMR - Cincinnati (formerly known as	Par	M	Remittance Image	
31107	United Medical Resources)	Par	M	Claims	This Payer ID is valid for all claims addresses on UMR Member ID cards with a listed Payer ID of 31107.
31107	UMR - Cincinnati (formerly known as United Medical Resources)	Par	M	ERA	If you are currently receiving ERA with another clearinghouse you will need to contact the payer to verify change of ERA Enrollment to
95266	UMR - Harrington (formerly known as Harrington Benefit Services-Columbus)	Par	M	Remittance Image	
95266	UMR - Harrington (formerly known as Harrington Benefit Services-Columbus)	Par	M	Claims	Harrington; RE Harrington
37237	UMR - Lexington (formerly known as CommonWealth Administrative Group)	Par	M	Claims	
37237	UMR - Lexington (formerly known as CommonWealth Administrative Group)	Par	M	Remittance Image	
79480	UMR - Onalaska (formerly known as Midwest Security of WI)	Par	M	ERA	

	UMR - Onalaska (formerly known as 79480 Midwest Security of WI)	Par	M	Claims	
	UMR - Wausau/UHIS (formerly Fiserv 39026 Health - Wausau Benefits/Benesight)	Par	M	Claims	
	UMR - Wausau/UHIS (formerly Fiserv 39026 Health - Wausau Benefits/Benesight)	Par	M	ERA	edi_business_analysts@wausaubenefits.com
	UMR -Harrington (formerly known as 75196 Harrington Benefit Services-Westerville)	Par	M	EFT	Enroll with payer
	UMR -Harrington (formerly known as 75196 Harrington Benefit Services-Westerville)	Par	M	Remittance Image	
	UMR -Harrington (formerly known as 75196 Harrington Benefit Services-Westerville)	Par	M	Claims	Centra; Centra Benefit Services
	52180 UMW Health & Retirement Funds	Par	M	Claims	
	61048 Underwriters Safety & Claims	Par	M	Remittance Image	
	80314 UNICARE	Par	M	Claims	
	62170 Unified Health Services	Par	M	Claims	Worker's Compensation Claims Only.
	Uniform Medical Plan/Harrington Benefit 75243 Services	Par	M	Claims	Harrington; Uniform Medical Plan; Centra
	Uniform Medical Plan/Harrington Benefit 75243 Services	Par	M	EFT	
Call	Union Pacific IPA	Par	M	Encounters	To obtain Payer ID and enroll with payer California providers should contact Tristin Rausche 858-824-7100 TRausche@scpmcs.org
Call	Union Pacific IPA	Par	M	Claims	To obtain Payer ID and enroll with payer California providers should contact Tristin Rausche 858-824-7100 TRausche@scpmcs.org
	UNION PACIFIC RAILROAD 87042 EMPLOYES Health Systems	Par	M	Remittance Image	
	UNION PACIFIC RAILROAD 87042 EMPLOYES Health Systems	Par	M	Claims	
	70408 Union Security Insurance Company	Par	M	Claims	
	70408 Union Security Insurance Company	Par	M	Remittance Image	
	70408 Union Security Insurance Company	Par	M	EFT	
	70408 Union Security Insurance Company	Par	M	ERA	
	62183 Unison Health Plan/Better Health Plans	Par	M	Claims	
	25175 Unison Health Plan/Three Rivers	Par	M	Claims	
UFNEP	United Americhoice of Nebraska	Par	M	ERA	If you are currently receiving ERA with another clearinghouse you will need to contact the payer to verify change of ERA Enrollment to
WID01	United AmeriChoice of Wisconsin	Par	M	ERA	If you are currently receiving ERA with another clearinghouse you will need to contact the payer to verify change of ERA Enrollment to
	31427 United Commercial Travelers UNITED FOOD & COMM. WORKERS MIDWEST UNIONS & EMPLOYERS	Par	M	Remittance Image	
	36659 HEALTH BENEFITS FUND	Par	M	Claims	
	95378 United Healthcare of River Valley	Par	M	Claims	Prior to initial submission provider must first contact John Deere at (309) 765-1593 - toll free (866) 509-1593 - to receive provider id.
	4567 United Healthcare of the Mid-Atlantic Inc. United Healthcare Ovations Insurance	Par	M	ERA	If you are currently receiving ERA with another clearinghouse you will need to contact the payer to verify change of ERA Enrollment to
	36273 Solutions (AARP)	Par	M	Claims	
	84132 United Medical Alliance	Par	M	Remittance Image	
	84132 United Medical Alliance	Par	M	Claims	
	71412 United of Omaha	Par	M	Claims	
	36362 United Security Life & Health Ins Co	Par	M	Claims	
	87726 UnitedHealthcare	Par	M	Claims	[former MetraHealth Healthcare Network PPO New York State Employees (Empire) Travelers Ins Co Travelers Plan Administrators] [former The Travelers Travelers Health Network (HMO & Care Option Travelers/CGT - PPO MetraHealth - UNET)]
	87726 UnitedHealthcare	Par	M	Claims	
	87726 UnitedHealthcare	Par	M	Claims	
	87726 UnitedHealthcare	Par	M	ERA	
	87726 UnitedHealthcare of Alabama	Par	M	Claims	
	87726 UnitedHealthcare of Arizona Inc.	Par	M	Claims	
	87726 UnitedHealthcare of Arkansas	Par	M	Claims	
	UnitedHealthcare of California - Northern 87726 California	Par	M	Claims	
	UnitedHealthcare of California - Southern 87726 California	Par	M	Claims	
	87726 UnitedHealthcare of Colorado Inc.	Par	M	Claims	
	87726 UnitedHealthcare of Florida	Par	M	Claims	
	87726 UnitedHealthcare of Georgia	Par	M	Claims	
	87726 UnitedHealthcare of Illinois	Par	M	Claims	
	87726 UnitedHealthcare of Kentucky Ltd.	Par	M	Claims	
	87726 UnitedHealthcare of Louisiana	Par	M	Claims	
	87726 UnitedHealthcare of Mississippi	Par	M	Claims	
	87726 UnitedHealthcare of New England	Par	M	Claims	
	UnitedHealthcare of New York (includes 87726 New York and New Jersey)	Par	M	Claims	

87726	UnitedHealthcare of North Carolina Inc.	Par	M	Claims
87726	UnitedHealthcare of Ohio	Par	M	Claims
87726	UnitedHealthcare of Tennessee	Par	M	Claims
87726	UnitedHealthcare of Texas - Dallas	Par	M	Claims
87726	UnitedHealthcare of Texas - Houston	Par	M	Claims
87726	UnitedHealthcare of the Mid-Atlantic	Par	M	Claims
	UnitedHealthcare of the Midlands - HMO			
87726	(Choice Select)	Par	M	Claims
	UnitedHealthcare of the Midlands -			
87726	PPO(Choice PlusSelect PlusSelf Funded)	Par	M	Claims
	UnitedHealthcare of the Midwest - Choice			
87726	Choice Plus Select Select Plus	Par	M	Claims
	UnitedHealthcare of the Midwest -			
87726	Medicare Complete	Par	M	Claims
87726	UnitedHealthcare of Upstate New York	Par	M	Claims
87726	UnitedHealthcare of Utah	Par	M	Claims
87726	UnitedHealthcare of Virginia	Par	M	Claims
87726	UnitedHealthcare of Wisconsin Inc.	Par	M	Claims
87726	UnitedHealthcare Plans of Puerto Rico	Par	M	Claims
66705	Unity Health Insurance	Par	M	Claims
33001	Universal Care - California	Par	M	Claims
50528	Universal Health Care Inc	Par	M	Claims
50528	Universal Health Care Inc	Par	M	ERA
9830	University Family Care	Par	M	Claims
	University Family Care - Maricopa Health			
9908	Plan	Par	M	Claims
99026	University Health Alliance	Par	M	Claims
	University of Illinois at Chicago Div of			
37601	Specialized Care for Children	Par	M	Claims
	UNIVERSITY OF MIAMI BEHAVIORAL			
Call	HEALTH	Par	M	Claims
25133	University of Missouri	Par	M	Claims
87043	University of Missouri	Par	M	ERA
23281	UPMC Health Plan	Par	M	Claims
23281	UPMC Health Plan	Par	M	ERA
37324	Upper Peninsula Health Group (TPA)	Par	M	Claims
38337	Upper Peninsula Health Plan (Medicaid)	Par	M	Remittance Image
38337	Upper Peninsula Health Plan (Medicaid)	Par	M	Claims
93092	US Benefits	Par	M	Remittance Image
93092	US Benefits	Par	M	Claims
	USAA (United Services Automobile			
*	74095 Association)	Par	M	Claims
	USFHP - St. Vincent Catholic Medical			
13407	Centers of New York	Par	M	Claims
25133	UT- Altius (UHIN)	Par	M	Claims
12115	VA Fee Basis Programs	Par	M	Claims
12115	VA Fee Basis Programs	Par	M	ERA
	Valley Preferred - PPO Allentown PA (IHS			
23253	Gateway Payer)	Par	M	Claims
72128	Vantage Health Plan Inc.	Par	M	Claims
72128	Vantage Health Plan Inc.	Par	M	Remittance Image
86062	VentureNet Healthcare	Par	M	Claims
66126	Verdugo Hills Medical Group	Par	M	Claims
75256	Verity National Group	Par	M	Claims
Call	VHAMA-WATERSTONE BENEFITS	Par	M	Claims
24818	VidaCare	Par	M	Claims
73743	Village Family Practice	Par	M	Claims
54176	Virginia Premier Health Plan	Par	M	Claims
54176	Virginia Premier Health Plan	Par	M	ERA
37297	Vison Care Incorporated	Par	M	Claims
25133	Vista Health	Par	M	ERA
55248	Vista Health Plan	Par	M	Claims
63114	Viva Health Plan	Par	M	Remittance Image
63114	Viva Health Plan	Par	M	Claims
77073	VNS CHOICE Medicare	Par	M	Claims
59266	VOLUSIA HEALTH NETWORK	Par	M	Remittance Image

Before submitting claims please go to <http://www.unityhealth.com/Providers/EDI/index.htm> and complete EDI Sign Up Form and NPI Appendix A documents. Or call Joe Boerboom at 608-643-1531 to request these forms.

The payer ID's of the TH057 and 12t36 will no longer be active please use the new payer ID of the 50528 for all EDI submissions to Emdeon.

All submitters call for detailed information and payer id prior to sending claims. Contact UMBH Provider Relations (305) 243-7270 Formerly payer ID 87043 Now part of Coventry Consolidated payer ID.

Property and Casualty Division Only
Serving parts of New York NYC all of New Jersey Southeastern Pennsylvania and Western Connecticut. For member eligibility call 1-800-241-4848
Formerly Payer ID 12X38. Now part of the Consolidated payer ID.

Virginia Premier enrollment forms located on www.emdeon.com/enrollment
ERA provider enrollment form is located at www.emdeon.com

Applies to Vista Medicaid Healthy Kids Buena Vista Vista Heath Plans of South Florida Medicaid only.

VIVA Health requires a complete member ID number including suffix on all claim submissions. Pls use the following site to verify member information: https://estep.cschcg.com/TRI_provider/doEntry.jsp
Formerly listed as Visiting Nurses Service

59266	VOLUSIA HEALTH NETWORK	Par	M	Claims	
22264	Vytra Healthcare	Par	M	Claims	
85256	Wabash Memorial Hospital Association	Par	M	Claims	
SX063	Washington Labor & Industry		M	ERA	
Pilot	Washtenaw Community Health Org	Par	M	Claims	
73155	Waterstone Benefit Administrators webTPA/Community Health Electronic	Par	M	Claims	
75261	Claims/CHEC	Par	M	Claims	
36337	Weiss Health Providers	Par	M	Claims	
59354	Wellcare Health Plan Inc. (Encounters)	Par	M	Encounters	
14163	Wellcare HMO Inc.	Par	M	Claims	
14164	Wellcare of CT	Par	M	Claims	
59608	Wellcare of Florida	Par	M	Claims	
14163	Wellcare of Georgia	Par	M	Claims	
14163	Wellcare of Louisiana	Par	M	Claims	
14163	Wellcare of New York	Par	M	Claims	
14163	WellCare of Ohio Inc	Par	M	Claims	
77072	Wellcare Private Fee for Service Plans	Par	M	Claims	
25129	WellPath	Par	M	ERA	
25129	WellPath	Par	M	ERA	
25133	WellPath	Par	M	Claims	Formerly payer ID 25129. Now part of Coventry Consolidated payer ID.
37272	Wells Fargo Third Party Administrators	Par	M	ERA	
87815	Wells Fargo Third Party Administrators	Par	M	Claims	
87815	Wells Fargo Third Party Administrators Wells Fargo Third Party Administrators	Par	M	ERA	
37272	Inc. (Formerly JSL Administrators)	Par	M	Claims	Newnan GA & Fayetteville NC
91064	Wenatchee Valley Medical Center	Par	M	Claims	
30460	West Coast Administrators	Par	M	Remittance Image	
66124	West Covina Medical Group	Par	M	Claims	
24735	Western Grower's Assurance Trust	Par	M	Claims	
24735	Western Grower's Insurance Company	Par	M	Claims	
68039	Western Health Advantage	Par	M	Claims	
37306	Western Health Inc	Par	M	Claims	
37306	Western Health Inc	Par	M	Remittance Image	
37247	Western Mutual Insurance	Par	M	Claims	
37247	Western Mutual Insurance Western Southern Financial Group	Par	M	Remittance Image	
31048	(Cincinnati OH)	Par	M	Claims	
90560	WestLake Financial Group Inc.	Par	M	Claims	
90560	WestLake Financial Group Inc.	Par	M	Remittance Image	
38232	Weyco Inc.	Par	M	Claims	
38232	Weyco Inc.	Par	M	Remittance Image	
93050	William C. Earhart WIN HEALTHCARE (Woman's Integrated NetworkInc)	Par	M	Claims	
11696	Windsor Home Network	Par	M	Claims	Submitters please contact Windsor Billing department at (615) 371-0433 prior to submitting.
62153	Windsor Medicare Extra	Par	M	Claims	
39200	Wisconsin Auto and Truck Dealers	Par	M	Claims	
39200	Wisconsin Auto and Truck Dealers	Par	M	Remittance Image	
74101	Wisconsin Department of Corrections	Par	M	Claims	
20333	Worksite Benefit Services LLC	Par	M	Claims	
20333	Worksite Benefit Services LLC	Par	M	Remittance Image	
75276	World Insurance Company	Par	M	Claims	
75276	World Insurance Company	Par	M	ERA	
77080	WPP-ElderCare Wisconsin	Par	M	Claims	
SX176	WPS - Tricare for Life	Par	M	Claims	
SX022	WPS Commercial	Par	M	Claims	Subscriber id = 9 digits Provider id qualifier = G2
SX022	WPS Commercial	Par	M	ERA	
23710	Writers' Guild - Industry Health Plan	Par	M	Claims	
9829	Yavapai County	Par	M	Claims	
75285	Young Life	Par	M	Claims	