



THE HEALTH INFORMATION NETWORK
THIN PAYER LIST
Institutional

Last Update	Payer Name	Payer ID #	*State Spec.	Enroll Req'd	Additional Information
	ABC HEALTH PLAN OF NEW YORK	48185			
	ACCESS ADMINISTRATORS	AHS01			
	ACCLAIM	64071			
	ACORDIA NATIONAL	87815			Only one rendering provider per claim - Must be in the 2310B Loop
	ACTIVA BENEFIT SERVICES, LLC	38254			Formerly Amway Corporation
	ADMINONE	37278			
	ADVANCED DATA SOLUTIONS, INC	58202			
	ADVANTAGE HEALTH SOLUTIONS	35209			
	ADVANTRA/HEALTH AMERICA, INC.	25126			
	ADVICA/NORTHEAST GEORGIA HEALTH SYSTEM	13376			
	ADVOCATE HEALTH CENTERS	36320			Required data elements needed for submission. Please contact Advocate Health Partners Operations' Debbie Motz at (847)-699-4377 or Tony Hani at (847)-699-4368 for more info.
	ADVOCATE HEALTH PARTNERS	65093			claim office number (from patients ID card) required in DA0-08/REF02 or 2010BC Loop - REF02 = 'FY' qualifier.
	AETNA INSURANCE COMPANY	60054			
	AFL-CIO FOOD & BEVERAGE DEALERS	34444			
	AFTRA HEALTH FUND	13346			
	AGENCY SERVICES, INC.	64158			
	ALASKA CHILDREN'S SERVICES, INC.	91136			Group # required
	ALASKA LABORERS CONSTRUCTION INDUSTRY TRUST	91136			Group # required
	ALASKA PIPE TRADERS LOCAL 375	91136			Group # required
	ALASKA UNITED FOOD & COMMERCIAL WORKERS HEALTH & WELFARE TRUST	91136			Group # required
	ALICARE	13550			
	ALL SAVERS	37602			
	ALLIANCE - ALPHA CARE GOLD	ADSL1			
A 02/10/06	ALLIANCE HEALTHPLANS OF WISCONSIN	88461			
	ALLIANCE PARTNERS	23172			
	ALLIANT HEALTH PLANS OF GEORGIA	58234			
	ALLIED ADMINISTRATORS (S.F., CA)	94177			
	ALLIED BENEFITS SYSTEMS	37308			
	ALPHA DATA SYSTEMS	75261			
	ALTA HEALTH STRATEGIES	87043			
	ALTERNATIVE TECHNOLOGY RESOURCES	37231		Yes	Contact Troy Andrews at (916) 231-0422 to enroll.
	AMA INSURANCE AGENCY	AMAIA			
	AMALGAMATED LIFE INS. CO.	13550			
C 03/16/06	AMERICAN COMMERCIAL BARGE LINES	87726			Payer ID formerly "37128".
	AMERICAID /AMERIGROUP	26375			For Providers located in Ft Worth
	AMERICAID /AMERIGROUP	26374			For Providers located in Houston
	AMERICAID COMMUNITY CARE (MARYLAND)	27517			
	AMERICAID COMMUNITY CARE (NEW JERSEY)	27516			
	AMERICAN ADMINISTRATIVE GROUP - AAG (Formerly Gallagher Benefits)	37283			
	AMERICAN ADMINISTRATIVE GROUP - AAG (Formerly Icon Benefits)	75185			
	AMERICAN BENEFITS MANAGEMENT (NORTH CANTON, OH)	34187			Payer valid only for claims with a submission address of P.O. Box 35008, North Canton, OH 44735.
	AMERICAN COMMUNITY MUTUAL INS	60305			
	AMERICAN GENERAL	62030			
	AMERICAN FAMILY INSURANCE COMPANY	AMF11			For detailed submission instructions and to avoid claim processing delays, please visit the following site prior to claim submission to AMF http://www.amfam.com/payor/ .
A 03/01/06	AMERICAN HEALTHCARE ALLIANCE	01066			

	AMERICAN IMAGING MANAGEMENT	36369			
	AMERICAN LIFECARE	72099			
	AMERICAN NATIONAL INSURANCE CO	74048			
A 01/04/06	AMERICAN PIONEER BREVARD PHYSICIANS NETWORK	APBPN			
A 01/04/06	AMERICAN PIONEER SOUTH FLORIDA	APSFL			
	AMERICAN POSTAL WORKERS UNION	44444			
	AMERICAN REPUBLIC INSURANCE	42011			
	AMERICAN SERVICE LIFE INS. CO.	59221			
	AMERICHoice OF NEW JERSEY (MEDICAID NJ)	86047			
	AMERICHoice OF NEW JERSEY PERSONAL CARE PLUS (MEDICARE)	86001			All claims submitted require your Americhoice assigned Provider ID number Please call 888-362-3368 for your Provider ID number
	AMERICHoice OF NEW YORK (MEDICAID NY)	86048			All claims submitted require your AmeriChoice assigned Provider ID Number. Please contact AmeriChoice at (866)-362-3368 for your Provider ID Number.
	AMERICHoice OF NEW YORK PERSONAL CARE PLUS (MEDICARE)	86002			All claims submitted require your Americhoice assigned Provider ID number Please call 888-362-3368 for your Provider ID number
	AMERICHoice OF PENNSYLVANIA MEDICAID/CHIP	86049			AmeriChoice assigned Provider ID Number required.
	AMERICHoice PERSONAL CARE PLUS (MEDICARE)	86003			All claims submitted require your Americhoice assigned Provider ID number Please call 888-362-3368 for your Provider ID number
	AMERIGROUP/AMERICAID FT WORTH	26375			For Providers located in Ft Worth
	AMERIGROUP/AMERICAID HOUSTON	26374			For Providers located in Houston
	AMERIGROUP FLORIDA	27519			
	AMERIGROUP ILLINOIS	26378			Payer ID changed from "27518"
	AMERIHEALTH ADMINISTRATORS	54763			Payer ID changed from "23252"
	AMYWAY CORPORATION	38254			Name changed to Activa Benefit Services, LLC
	ANCHOR BENEFIT CONSULTING	53085			
	ANTHEM HEALTH & LIFE (GREAT-WEST HEALTHCARE)	80705			
	APA PARTNERS, INC.	16140			
	APS HEALTHCARE, INC.	54160			
	ARKANSAS BEST CORPORATION	75278			
	ARNETT HEALTH PLANS	95440			Payer requires unique Provider ID for billing, rendering or referring provider fields. Please contact Arnett Health Plans' EDI Coordinator at (765)-448-7483 for additional information prior to first claims submission.
	ASCENDIA HEALTHCARE MANAGEMENT	56192			
	ASSOCIATES FOR HEALTH CARE, INC	36326			
	ASSOCIATION SERVICES OF WASHINGTON	37294			
A 02/06/06	ASSURANT HEALTH	39065			
	ASURIS NORTHWEST HEALTH	93221			Receiver Type "G"
	ATHENS AREA HEALTH PLAN SELECT	95691			
	ATLAS ADMINISTRATORS	ATLAD			USAMCO Provider Network
	AUSTIN REGIONAL CLINIC EMPLOYEE BENEFIT PLAN	CMSEB			
	AUTOMATED BENEFIT SERVICES (ABS)	38259			
	AUTOMATED GROUP ADMINISTRATION, INC.	37280			
	AUTOMOTIVE MACHINISTS LOCAL 289 HEALTH & WELFARE TRUST	91136			Group # required
	AVERA HEALTH PLANS	46045			
	BANKERS UNITED LIFE (STUDENT DIV)	74227			
	BCBS/ ILLINOIS (HCSC)	00621	IL		Receiver Type "G"
	BCBS/ NEW MEXICO (HCSC)	00790	NM		Receiver Type "G"
	BCBS/OREGON (REGENCE)	00851	OR		Receiver Type "G"
	BCBS/ TEXAS (HCSC)	84980	TX		Receiver Type "G"
A 03/01/06	BCI ADMINISTRATORS, INC.	49153			
	BS/IDAHO (REGENCE)	00611	ID		Receiver Type "G"
	BS/WASHINGTON (REGENCE)	00932	WA		Receiver Type "G"
	BEECH STREET CORPORATION	95377			
	BELL ATLANTIC	60054			
	BENEFIT CONCEPTS	51037			
	BENEFIT COORDINATORS CORP. (PITTSBURGH, PA)	25145			
	BENEFIT MANAGEMENT ADMIN. (San Antonio)	BMATP			
	BENEFIT MANAGEMENT SYSTEMS,INC	37212			
	BENEFIT PLAN	62413			

	BENEFIT PLAN ADMIN OF ST LOUIS MO	13310	MO		
	BENEFIT PLAN ADMINISTRATORS, CO (EAU CLAIRE, WI)	39081			Payer ID valid only for claims with a billing submission address of PO Box 1128, Eau Claire, WI 54702-1128
	BENEFIT PLAN ADMINISTRATORS (ROANOKE, VA)	37118			
	BENEFIT PLAN ADMINISTRATORS, INC. (FARGO, NORTH DAKOTA)	37286			
	BENEFIT PLAN MANAGEMENT, INC	37222			
	BENEFIT PLANNERS, INC.	74223			
	BENEFIT SOURCE, INC	38257			
	BENEFIT SYSTEMS & SERVICES, INC	36342			
	BENEFIT TRUST LIFE	61425			Group # Required
A 02/03/06	BENEFITS, INC.	42148			
	BENEFIRST	37125			
	BENESIGHT	87265			
	BENESYS, INC. (LAFAYETTE, LA)	37248			
	BETTER HEALTH PLANS, INC.	62183			
	BIG LOTS ASSOCIATES BENEFIT PLANS	CX025			
	BLUE BELL BENEFITS TRUST	ECIBB			
	BLUE BONNET ADMINISTRATORS	37244			
	BLUE CROSS BLUE SHIELD OF ILLINOIS (HCSC)	00621	IL		Receiver Type "G"
	BLUE CROSS BLUE SHIELD OF NEW MEXICO (HCSC)	00790	NM		Receiver Type "G"
	BLUE CROSS BLUE SHIELD OF OREGON (REGENCE)	00851	OR		Receiver Type "G"
	BLUE CROSS BLUE SHIELD OF TEXAS (HCSC)	84980	TX		Receiver Type "G"
	BLUE MEDICARE PPO (NM)	NMPPPO			Receiver Type "C"
	BLUE MEDICARE PPO (TX)	TXPPO			Receiver Type "C"
	BLUE SHIELD OF CALIFORNIA	94036			Receiver Type "G" CA License number required in FAO.23
	BLUE SHIELD OF WASHINGTON (REGENCE)	00932	WA		Receiver Type "G"
	BLUEGRASS FAMILY HEALTH	61124			
	BOILERMAKERS NAT'L HEALTH & WELFARE	36609			
	BOON-CHAPMAN BENEFIT ADMINSTRATORS	74238			Payor does not accept dental claims electronically
A 03/06/06	BOON GROUP	BOONG			
	BOSTON MEDICAL CENTER HEALTH PLAN, INC.	13337			
D 03/31/06	BOYDCARE	37273			
	BPS, INC.	13310			
	BRIDGE BENEFITS	38365			
	BRIDGESTONE CLAIMS SERVICES	37285			
	BROKERAGE CONCEPTS	51037			
	BROWN & TOLAND MEDICAL GROUP	94316			
	BRYAN INDEPENDENT SCHOOL DISTRICT	BRISD			
	BUTLER BENEFITS	42150			
	CAC (CLAIMS ADMINISTRATION CORP)	62413			
D 01/11/06	CAMBRIDGE ISG	59334			
	CANNON COCHRAN MANAGEMENT SERVICES, INC (CCMSI)	37105			
	CAPE HEALTH PLAN	38245			
	CAPITOL ADMINISTRATORS	68011			
	CARE MANAGEMENT GROUP OF GREATER NY	11331			
	CARELINK ADVANTRA	25139			West Virginia HealthAssurance and Carelink commercial claims only. For Carelink Medicaid, send on paper to P.O. Box 7373, London, Ky 40742.
	CARELINK HEALTH PLAN	25139			West Virginia HealthAssurance and Carelink commercial claims only. For Carelink Medicaid, send on paper to P.O. Box 7373, London, Ky 40742.
	CARELINK MEDICAID	25140			
	CAREOREGON	93975			
	CASI	80667			
	CARE PARTNERS	43172		Yes	Contact Care Partners (800)684-5502 to enroll for EDI
	CARITEN HEALTHCARE	62073			
	CARITEN SENIOR HEALTH	62072			
	CAROLINA CARE PLAN, INC.	57105			Formerly PHP of South Carolina
	CAROLINA SUMMIT HEALTHCARE, INC.	56195			
	CASCADE EAST HEALTH PLANS	93040			
	CATERPILLAR	37060			
	CBCA ADMINISTRATORS	55438			

	CBSA	41124			
	CCN	33005			
	CEMARA ADMINISTRATORS, INC	37250			
	CEMENT MASON & PLASTERERS HEALTH & WELFARE TRUST	91136			Group # required
	CENTRA BENEFITS (DALLAS)	75243	TX		
	CENTRA BENEFITS (HOUSTON)	75196	TX		
	CENTRAL BENEFITS LIFE	31118			
	CENTRAL BENEFITS MUTUAL	31118			
	CENTRAL MASS HEALTH CARE	02041			
	CENTRAL RESERVE LIFE	34097			
	CENTRAL STATES HEALTH & WELFARE FUND	36215			
	CENTRAL STATES JOINT BOARD HEALTH AND WELFARE FUND	37214			
	CHA – COMMONWEALTH HEALTH ALLIANCE	23171			
	CHAMP VA - HAC	84146			Champ VA – HAC is not associated with and does not process claims for TRICARE (formerly CHAMPUS).
C 04/14/06	CHAMPUS - TRICARE WEST	WESTR		Yes	Receiver Type "F" or "H" Contact (800)-782-2680 to enroll. Provider Enrollment Form may be obtained at www.wpsic.com .
C 04/14/06	CHAMPUS - TRICARE NORTH	38520		Yes	Receiver Type "F" or "H" Contact (800)-325-5920 to enroll. Provider Enrollment Form may be obtained at www.mytricare.com .
C 04/14/06	CHAMPUS - TRICARE SOUTH	38520		Yes	Receiver Type "F" or "H" Contact (800)-325-5920 to enroll. Provider Enrollment Form may be obtained at www.mytricare.com .
	CHAUTAUQUA COUNTY HEALTHCARE PLAN	16600			
	CHC OF KANSAS CITY ADVANTRA	25144			
	CHEC - A SUBSIDIARY OF SPRINT	75261			Name changed to "WebTPA".
	CHESAPEAKE LIFE INSURANCE CO	59223			
	CHRISTIAN BROTHERS SERVICES	61271			
	CHOICEONE- UTMB CHIP	UHSCH	TX		
	CIGNA- HMO/PPO/POS	62308			
	CIGNA FLEX CARE (NEW MEXICO ONLY)	95266	NM		
A 01/13/06	CIGNA SENIOR HEALTH PLAN	86033			
D 01/17/06	CIMARRON HEALTH PLAN (Commercial)	CIMHP	NM		
	CITY OF ODESSA	75600			
	CITY OF SAN ANTONIO	TTCEC			
	CLAIM MANAGEMENT SERVICES, INC	39141			
	CLARENDON KIDS CHIP PROGRAM (CKCP) EPO	EPOTX			Only for Dates of service of 8-31-04 and prior. For Dates of Service 9-1-04 and after, use Payer ID SHP11 (Superior Health Plan CHIPS EPO)
C 02/14/06	CNA	71063			Payer Name changed to "HealthScope Benefits".
	CNA MAILHANDLERS	62413			
	COLONIAL HEALTHCARE	37123			
	COLUMBIA CORNELL CARE	25351			
	COMBINED BENEFITS, INC.	37271			
	COMMERCE BENEFITS GROUP	34181			
	COMMONWEALTH ADMINISTRATIVE GROUP	CATPA			
	COMMONWEALTH ADMINISTRATORS	CATPA			
	COMMUNITY CARE BEHAVIORAL HEALTH	25179			
	COMMUNITY CARE MANAGED HEALTH CARE	73143			
	COMMUNITY CARE ORGANIZATION	39126			
	COMMUNITY CARE PLUS	71079			
	COMMUNITY FIRST	COMMF			
	COMMUNITY HEALTH CHOICE	48145			
	COMMUNITY HEALTH ELECTRONIC CLAIMS (CHEC)	75261			
	COMMUNITY HEALTH NETWORK OF CT	62149			Payer cannot accept electronic claims for Anesthesia. If you have questions on how to submit these claims, please contact LeAnn Olson, Director of Claims, at (203)-237-4000, #3136.
	COMMUNITY HEALTH PLAN	90010			
	COMMUNITY HEALTH PLAN OF WASHINGTON	CHPWA			
	COMMUNITY PREMIER PLUS	13374			
	COMMUNITY PREMIER PLUS FOR NEIGHBOR HLTH	32481			
	COMP - OHIO (AUSTINTOWN, OH)	34177			

	COMPREHENSIVE BENEFITS ADMINISTRATOR, INC. (SOUTH BURLINGTON, VT)	03036			
	CONFEDERATION LIFE INS	80667			
	CONFED ADMIN SERVICES, INC.	80667			
	CONFEDERATION	80667			
	CONNECTICARE	06105			
	CONNECTICUT GENERAL (CIGNA)	62308			
	CONSOCIATE GROUP (DECATUR, IL)	37135			
	CONSOLIDATED ASSOCIATES RAILROAD	75284			
	CONSULTEC- NEW MEXICO Medicaid	CNTNM	NM		Receiver Type "D" Claims are dropped to paper and mailed to Payer. Six (6) Service lines max per claim as per Payer specifications.
	CONSUMER HEALTH SOLUTIONS	37295			
	CONTINENTAL GENERAL INSURANCE CO	71404			
	COOK CHILDREN'S HEALTH PLAN	CCHP1			
	COOPERATIVE BENEFIT ADMINISTRATOR	52132			
	CORPORATE BENEFIT SRVC OF AMERICA	41124			
	CORESOURCE, LITTLE ROCK	75136			Only for claims where the "submit claims to address" on the medical ID card is a Coresource address in Little Rock, Arkansas.
	CORESOURCE OF AZ & MN	41045			
	CORESOURCE OF MD, PA, IL	35182			
	CORESOURCE OF NORTH CAROLINA	35180			
	CORESOURCE OF OHIO	35183			
	CORNERSTONE	35202			
	COUNTRY LIFE INSURANCE COMPANY	62553			
	COVENANT ADMINISTRATOR'S, INC. (ATLANTA, GA)	58102			
	COVENANT MGMT SYSTEMS EMPLOYEE BENEFIT PLAN	CMSEB			
	COVENTRY HEALTH CARE IOWA	25132	IA		
	COVENTRY HEALTH CARE NEBRASKA	25136	NE		
	COVENTRY HEALTH CARE OF THE CAROLINAS	25129			Carolina HMO providers only
	COVENTRY HEALTH CARE OF DELAWARE, INC.	25130			
	COVENTRY HEALTH CARE OF GEORGIA, INC.	25127			
	COVENTRY HEALTH CARE OF KANSAS, INC. – KANSAS CITY	25133			
	COVENTRY HEALTH CARE OF LOUISIANA, INC.	25135			
	COVENTRY HEALTH CARE OF KANSAS, INC. – WICHITA	25134			
	COVENTRY – KANSAS CITY MEDICARE (ADVANTRA)	25144			
	CREATIVE MEDICAL SYSTEMS	64068			
	CREATIVE PLAN ADMINISTRATORS	37320			
	CROWN LIFE	80705			
	CUSTOM BENEFIT ADMINISTRATORS (LACROSSE, WI)	39170			
	CUSTOMCARE (PRUDENTIAL)	60054			
	DART MANAGEMENT CORP	DARTC		Yes	Enrollment requirement, please contact Vicky Hanson at (800) 248-0457 to enroll.
	DEFINITY SERVICES	64159			
	DELAWARE HEALTH PLAN CONSORTIUM	63081	DE		
	DELAWARE PHYSICIANS CARE	27009			
	DELAWARECARE	25137			
	DENVER HEALTH MEDICAL PLAN	84135			
A 02/03/06	DESTINY HEALTH PLAN	36436			
	DIRECTORS GUILD OF AMERICA – PRODUCER HEALTH PLAN	23706			
A 03/01/06	DUNN AND ASSOCIATES BENEFITS ADMINISTRATORS	35186			
	EAGLE CREEK MEDICAL PLAZA	61101			
	EATON BENEFITS,OH	62308	OH		
	EBA - CITY OF SAN ANTONIO	TTCEC			
	EBMC	CX025			

	EBMS (EMPLOYEE BENEFIT MGMT SERVICES)	81039			
	EL PASO FIRST - CHIP	EPF03	TX	Yes	Please contact Provider Relations @ (915)-532-3778, #1068, to enroll.
	EL PASO FIRST GROUP HEALTH	EPF08		Yes	Please contact Provider Relations @ (915)-532-3778, #1068, to enroll.
	ELECTRONIC TRANSMISSION CORP	75260			
	ELLIS CONSULTANTS, INC.	ECISF			
	ELMCO	37253			
	EMERALD HEALTH NETWORK	34167			
	EMORYCARE (PRUDENTIAL)	60054			
	EMPHEYSYS	61101			
	EMPLOYEE BENEFIT CONCEPTS, INC.	38241			
	EMPLOYEE BENEFITS PLAN ADMIN (E.B.P.A.)	03036			
	EMPLOYEE BENEFIT SERVICES (SOUTH CAROLINA)	37216			Payer Address: 534 Rivercrossing Drive, Fort Mill, SC 29715
	EMPLOYEE BENEFIT SERVICES OF SAN ANTONIO				"San Antonio only"*** Please call 210-738-1414 to obtain Payer ID and authorization to send claims electronically.
	EMPLOYEE BENEFITS CONSULTANTS (MILWAUKEE, WI)	37257			
	EMPLOYEE BENEFITS MANAGEMENT CORP.	CX025			
	EMPLOYEE CLAIM ADJUDICATION SVCS	75184			
	EMPLOYEE PLANS, LLC	35112			
	EMPLOYEE SECURITY, INC.	54098			
	EMPLOYERS DIRECT HEALTH	75232			
	EMPLOYERS DIRECT HEALTH (EMPLOYEE PLAN)	75236			
	EMPLOYEE BENEFITS MANAGEMENT CORP.	CX025			
	EMPLOYERS DIRECT HEALTH (FULLY INSURED)	75235			
	EMPLOYERS DIRECT HEALTH (SELF FUNDED PLAN)	75233			
	EMPLOYERS HEALTH INS	61101			Changed from Payer ID 73288.
	EMPLOYERS HEALTH INS	61101			Send claims to 61101 Effective 8/14/02
	EMPLOYERS INS. OF WAUSAU	39026			
	EMPLOYERS MUTUAL, INC. (FL)	59298	FL		
	ENCOMPASS	37110			
	ENCORE ENCORE	GTPA1			
	ENH MEDICAL GROUP IPA	36364			
	ENSTAR NATURAL GAS	91136			Group # required
	EPOCH GROUP	28777			
	EQUICOR-PPO	62308			
	EQUICOR/EQUITABLE	62308			
	EQUITABLE (CIGNA)	62308			
	EQUITABLE PLAN SERVICES	73126			
	EQUIFAX / HEALTHCARE ADMIN (EHAS)	75196			
	ERIN GROUP ADMINISTRATORS	23250			
	EVERGREEN HEALTH PLAN	58233			
	EXCLUSIVECARE	71412			
	FACS GROUP	37300			
	FAMILY HEALTH PARTNERS	43173			
A 02/07/06	FAMILY MEDICAL NETWORK	36396			
	FARA BENEFIT SERVICES	37289			
	FARM FAMILY	14140			
A 03/03/06	FBMC	59069			Payer formerly named "United Benefits/Poe & Brown."
	FCE BENEFIT ADMINISTRATORS	33033			
	FEDERAL EMPLOYEE PROGRAM (TX FEP)	84980			
	FEDERATED MUTUAL	41041			
	FIRST CAROLINA CARE	56196			
	FIRST CHOICE (CT)	14162			Provider ID required by Payer in Record 10, Field 10.
	FIRST CHOICE HEALTH NETWORK	91131			
	FIRST CHOICE OF MIDWEST (PPO)	75138			
	FIRST GREAT WEST LIFE & ANNUITY INS CO	80705			
	FIRST HEALTH	87043			
	FIRST HEALTH STRATEGIES	87043			
	FIRSTCARE	94999		Yes	Prov ID reqd (2310B REF02) Must be: 9 numerics. To obtain, call (800) 365-1051 (Susan at X6456).
	FIRSTCARE "STAR" MEDICAID	94999		Yes	Prov ID reqd (2310B REF02) Must be: 9 numerics. To obtain, call (800) 365-1051 (Susan at X6456).

	FIRSTGUARD HEALTH PLAN - KANSAS	90060			Please contact Karen Joslin at (816)-922-7225 to verify Firstguard Provider ID. Payer requires Insured ID of 8 to 11 numeric characters. Insured ID should be included in DA0-18 (NSF Format), or Loop 2010BA, NM109 (ANSI Format).
	FIRSTGUARD HEALTH PLAN - MISSOURI	90061			
	FISERV HEALTH - KANSAS/TENNESSEE	62061			
	FLEXCARE (PRUDENTIAL)	60054			
	FLORIDA 1 ST	59276	FL		
	FLORIDA HOSPITAL HEALTHCARE SYSTEMS	59321			
	FLORIDA HOSPITAL WATERMAN	48116			
	FLORIDA POWER & LIGHT (PRUDENTIAL)	60054			
	FMH BENEFIT SERVICES, INC	48117			
	FORD METER BOX COMPANY, INC.	37305			
	FORTIS BENEFITS INSURANCE COMPANY	70408			
	FORTIS INSURANCE COMPANY	39065			
	FOUNDATION HEALTH PLAN (SUNRISE FL)	55248			Payer ID changed from 59257 to 55248
	FOX-EVERETT, INC	64069			
	FOX-EVERETT – INGALLS SHIP BUILDING	64067			
A 01/04/06	FRESENIUS MEDICAL CARE HEALTH PLAN	FMCHP			(**12 max lines FA0) Provider ID required. Contact (713)-843-6780 to obtain ID.
	FRINGE BENEFITS COORDINATORS	59204			
	GALLAGHER BENEFIT ADMINISTRATORS (Now AAG – AMERICAN ADMINISTRATIVE GROUP)	37283			
	GALVESTON COUNTY INDIGENT HEALTH	30005			
	GATEWAY HEALTH PLAN	25169			
	GE GROUP ADMINISTRATORS, TEXAS		TX		Payer Name changed from Phoenix Group Services (Texas).
	G.E. GROUP LIFE ASSURANCE COMPANY	67815			
	GEISINGER HEALTH PLAN	75273		Yes	Prior enrollment required. Please contact Geisinger Health Plan at 1-888-5338, option 3, to obtain an enrollment form; or download a PDF enrollment form at www.thehealthplan.com .
	GENERAL AMERICAN LIFE INS CO	63665			
	GEORGE WASHINGTON HEALTH PLAN	52098			
	GEORGIA POWER MEDICAL BENEFITS	61271			
	GHC - WESTERN WASHINGTON STATE	91051			Please call Payer at (800)-919-4325 prior to submitting electronic claims.
	GHC - EASTERN WASHINGTON STATE	91121			Please call Payer at (888)-767-4670 prior to submitting electronic claims.
	GHI HMO SELECT	25531			
	GHI - NEW YORK (GROUP HEALTH, INC.)	13551	NY		Payer requires assigned Provider ID be included on claims. Please contact Payer for appropriate Provider ID.
	GHP (GROUP HEALTH PLAN)	25141			
	GIC INDEMNITY PLAN	80314			
	GILSBAR, INC.	07205			
	GLASSWORKERS HEALTH & WELFARE FUND	91136			Group # required
	GOLDEN RULE INS CO	37602			
	GOLDEN TRIANGLE PHYSICIAN ALLIANCE	GTPA1		Yes	Provider ID required. C+F325contact (713)-843-6780 to obtain ID.
	GOVERNMENT EMPLOYEES HOSPITAL ASSOC.	44054			
	GRADY HEALTHCARE	58204			
	GRANT PHYSICIANS PRACTICE ASSOCIATION	37234			
	GREAT LAKES HEALTH PLAN	95467			
	GREAT WEST PLANS (ALL PLANS)	80705			
	GREAT-WEST LIFE & ANNUITY INS CO	80705			
	GROUP ADMINISTRATORS	36338			
	GROUP ADMINISTRATORS SELF FUNDED	GASA1			
	GROUP BENEFIT ADMINISTRATORS (HENDERSONVILLE, TN)	72153			
	GROUP HEALTH COOP/SO. CENTRAL WISCONSIN	39167			Claims
	GROUP HEALTH COOP/SO. CENTRAL WISCONSIN	39168			Encounters
	GROUP HEALTH COOPERATIVE - EAST	91121			COMMERCIAL Hospital Claims Eastern Washington State. Please call (888)-767-4670 prior to first submission of production claims.

	GROUP HEALTH COOPERATIVE - WEST	91051			COMMERCIAL Hospital Claims Western Washington State. Please call (888)-767-4670 prior to first submission of production claims. All GHC products including Options, Alliant, Medicare + Choice and Healthy Options can be submitted electronically.
	GROUP HEALTH PLAN	25141			
A 03/01/06	GROUP HEALTH MANAGERS	38194			
	GROUP INSURANCE SERVICE CENTER, INC.	37276			
	GUARDIAN LIFE IN CO OF AMERICA	64246			
	GUNDERSON LUTHERAN HEALTH PLAN, INC.	39180			Before submitting electronically to Gunderson Lutheran Health Plan, Inc., all providers must call Shari Oelke at (608)-775-8026.
	H.A.C., INC	61101			
	HARMONY HEALTH PALN OF ILLINOIS	36406			
	HARMONY HEALTH PLAN OF INDIANA	36405			
	HARRINGTON BENEFIT SERVICES	95266			
	HARRINGTON BENEFIT SERVICES, INC.	59142			
A 02/10/06	HAWAII MANAGEMENT ALLIANCE ASSOCIATION (HMAA)	48330			
	HCH ADMINISTRATION-PEORI	37111			
	HCH ADMINISTRATION- (Cimarron)	HCHNM	NM		Claims are printed and mailed on paper
	HCHA ALBQ – SELF FUNDED	37329			
	HCS – HEALTH CLAIMS SERVICE	82018			
	HDM BENEFIT SOLUTIONS	HDMCO			
	H.E.R.E.I.U. WELFARE PENSION FUNDS	37114			
	HEALTH ALLIANCE OF MICHIGAN	38224			
	HEALTH ALLIANCE MEDICAL PLANS	77950			
	HEALTH ASSURANCE/HEALTH AMERICA, INC.	25126			
	HEALTH CARE ALLIANCE (SEARS)	60054			
	HEALTH CARE NETWORK OF WISCONSIN	42102	WI		
	HEALTH CARE PAYER'S COALITION (TOLEDO, OH)	34193			
	HEALTH CARE SAVINGS	56142			
	HEALTH CHOICE OF NEW JERSEY	22345			
	HEALTH DESIGN PLUS	34158			
	HEALTH ECONOMICS CORP	75196			
	HEALTH FIRST HEALTH PLANS	95019			
	HEALTH NET-CALIFORNIA	95567	CA		
	HEALTH NET-CALIFORNIA (ENCOUNTERS)	95568	CA		Must submit with Health Net Submitter ID. Please contact Carol Petula at (916)-935-1252 to obtain Health Net Submitter ID.
	HEALTH NET OF ARIZONA	38309			
	HEALTH NETWORK AMERICA	20199			
	HEALTH PARTNERS – JACKSON, TN	62157			
	HEALTH PARTNERS – PA	80142			
	HEALTH PLAN MANAGEMENT	37221			
A 01/18/06	HEALTH PLUS PHSB (BROOKLYN, NY)	11324			
	HEALTH RISK MANAGEMENT, INC	41170			
	HEALTH SERVICES PREFERRED	34167			Emerald Health
	HEALTHCARE BENEFITS INC	84980			
	HEALTHCARE MANAGEMENT ADMIN. (HMA)	HMA01			
	HEALTHCARE OPTIONS	EPF37	TX	Yes	Please contact Provider Relations @ (915)-532-3778, #1068, to enroll.
	HEALTHCARE USA	25143			Must send HealthCare USA Provider ID number in the 2310B Loop, REF02 segment (with a G2 qualifier in the REF01). Call 800-625-7602 for Central/Western Missouri or 800-213-7792 for Eastern Missouri if you do not know your Provider ID number
	HEALTHCHOICE OF CONN/YALE PFEFFER	95376	CT		
	HEALTHCOMP, INC	85729			
	HEALTHGUARD OF LANCASTER	23226			
	HEALTHHELP NETWORK, INC (HHNI)	59087			
	HEALTHLINK HMO	96475		Yes	Please call Provider Relations Dept at (800) 624-2356 for unique provider number.
	HEALTHLINK PPO	90001		Yes	Please call Provider Relations Dept at (800) 624-2356 for unique provider number.
	HEALTHNET OF THE NORTHEAST	06108		Yes	Formerly Physicians Health Services (PHS). Provider ID required. Please contact (203)-381-7618 to obtain Provider ID.
	HEALTHNET - CA (ENCOUNTERS)	95568	CA		
	HEALTHNET - KANSAS CITY, MO	43132	MO		Name changed to Mid America Health

	HEALTHPLAN SERVICES- HARRINGTON	95266			
	HEALTHPLUS OF LOUISIANA	95009			
	HEALTHPOWER HMO	31106			
	HEALTHSMART PREFERRED CARE (HSPC)	HSPC1			Group Name and ID are required by HSPC
C 02/14/06	HEALTHSCOPE BENEFITS	71063			Formerly "CNA Health Partners".
	HEALTHSCOPE BENEFITS, INC (REPRICING AR)	48153			
	HEALTHSOURCE OF NORTH TEXAS	75255	TX	Yes	Requires Healthsource Practice ID in Record 10, Field 10. Confirm ID (800) 276-2654
	HEALTHSOURCE PROVIDENT ADMINISTRATORS/INSURANCE	68195			
	HEALTHSOURCE, AR	71074	AR	Yes	Provider ID required. Contact (800)831-6654 to obtain ID
	HEALTHSOURCE, AR (MEDICARE HMO)	71075	AR	Yes	Provider ID required. Contact (800)831-6654 to obtain ID
	HEALTHSOURCE, GA	58210	GA	Yes	Provider ID required. Contact (800 909-2227, x5760, to obtain ID
	HEALTHSOURCE, KY	61127	KY	Yes	Provider ID required. Contact payer to obtain ID
	HEALTHSOURCE, MA	02041	MA	Yes	Provider ID required. Contact payer to obtain ID
	HEALTHSOURCE, ME	01041	ME	Yes	Provider ID required. Contact payer to obtain ID
	HEALTHSOURCE, NC	56147	NC	Yes	Provider ID required. Contact payer to obtain ID
	HEALTHSOURCE, NH	02038	NH	Yes	Provider ID required. Contact payer to obtain ID
	HEALTHSOURCE, NY	16126	NY	Yes	Provider ID required. Contact payer to obtain ID
	HEALTHSOURCE, OH	31141	OH	Yes	Provider ID required. Contact payer to obtain ID
	HEALTHSOURCE, SC	06119	SC	Yes	Provider ID required. Contact payer to obtain ID
	HEALTHSOURCE, TN	62129	TN	Yes	Provider ID required. Contact payer to obtain ID
	HEALTHSOURCE/HUDSON HEALTH PLAN	Call		Yes	Provider enrollment required by the Payer. Please contact Sam Gutwillig at (914)-372-2291 to obtain Payer ID.
	HEALTHSPRING HMO	25193			
	HEALTHSTAR, INC	36332			
	HEALTH VALUE MANAGEMENT	61101			
D 02/03/06	HEAVY & GENERAL LABORERS WELFARE	HGLWF			
	HERITAGE NEW YORK MEDICAL GROUP	11328			
	HERITAGE PHYSICIAN NETWORK (Houston) Also see: Family Practice Assoc/Golden Triangle Phy	HPN11	TX	Yes	Provider ID required. Contact (713) 843-6780 to obtain ID
	HFN, INC.	36335			
	HILLCREST BENEFIT ADMINISTRATORS	59347			
	HIP – HEALTH INSURANCE PLAN OF GREATER NY	55247			Individual provider enrollment is required by HIP of NY. Please call HIP of NY Provider Relations to obtain the enrollment form at (212)-630-8711 or E-mail at edisupport@hipusa.com.
	HIP- NEW YORK STATE	13551	NY		
	HMA – HEALTHCARE MANAGEMENT ADMIN.	HMA01			
	HMO BLUE	84980	TX		"Receiver type "G"
	HOMETOWN HEALTH NETWORK (MASSILLON, OH)	34150			
	HORIZON MERCY	22326			
	HOTEL EMPLOYEES & RESTAURANT EMPLOYEES HEALTH TRUST	91136			Group # required
	HPLAN, INC	61101			
	HPS PARADIGM, INC	58227			
	HRM CLAIM MANAGEMENT	41170			
	HUMANA, INC. (All CLAIM PLANS)	61101			
C 03/07/06	HUNT INSURANCE GROUP	37260			Payer ID changed from "59069".
	IBA HEALTH & LIFE ASSURANCE CO.	38234			
	IBA SELF FUNDED GROUP	38234			
	IBI	41124			
	IBM MEDICAL PLANS	60054			
	ICON BENEFITS ADMINISTRATORS (Now AAG – AMERICAN ADMINISTRATIVE GROUP)	75185			
	I.E. SHAFFER (WEST TRENTON, NJ)	22175			
	ILLINOIS MEDICAID (IDPA)	00621	IL		Receiver Type "D" Contact (312)-653-7954 EDI Hotline Number for Enrollment.
	ILLINOIS MEDICARE	00131	IL		Receiver Type "C" Contact (312)-653-7954 EDI Hotline Number for Enrollment.
	IMCARE	41600			
	INDECS CORPORATION	40585			
	INDIANA HEALTH NETWORK	35204			
	INDIVIDUAL HEALTH INS CO	31053			
	INFORMED, LLC	52196			
	INNOVATIVE HEALTHWARE SOLUTIONS	04320			
	INSTITUTES OF QUALITY	60054			

	INSURANCE ADMINISTRATOR OF AMERICA	37279			
	INSURANCE CLAIMS SERVICES (BIRMINGHAM, AL)	63082			
	INSURANCE DESIGN ADMINISTRATORS	13315			
	INSURANCE MANAGEMENT SERVICES	88006			located in Nevada
	INSURANCE MANAGEMENT SERVICES	IMSMS			located in Amarillo, TX
	INSURER'S ADMINISTRATIVE CORPORATION	IAC01			
	INTEGRA ADMINISTRATIVE GROUP	51020			
	INTEGRA GROUP	31127			
A 01/01/06	INTEGRANET	INET1			(**12 max lines FA0) Provider ID required. Contact (713)-843-6780 to obtain ID.
	INTEGRATED CARE NETWORK (EMERALD)	34167			
	INTEGRITY BENEFIT NETWORK	58200			
	INTERCARE HEALTH PLANS, INC.	37227			
	INTERFACE EAP	60280			
	INTERNATIONAL MEDICAL GROUP	IMGIN			
	INTERNATIONAL UNION OF OPERATING ENGINEERS, LOCAL 15	37269			
	INTER-COUNTY HEALTH PLAN	23252			
	IOWA BENEFITS, INC	41124			
	J.F. MOLLOY & ASSOCIATES	61271			
	JI SPECIALTY SERVICES, INC.	JISSP			
	JOHN ALDEN	41099			
	JOHN DEERE HEALTH CARE	95378	Yes		Contact Payer at (866)-509-1593 for EDI enrollment.
	JOHN HANCOCK	80314			
	JOHN P PEARL & ASSOCIATES	37215			
	JOHNS HOPKINS MEDICAL SERVICES CORP	52123			
	JOPLIN CLAIMS	43178			
	JP FARLEY CORPORATION	34136			
	JSL ADMINISTRATORS	37272			
	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	21313			
	KAISER FOUNDATION HEALTH PLAN OF NORTHERN CA	94135			Two digit Kaiser assigned site ID required (4010 – 2310E Ref 02 with G5 qualifier in Ref 01, UB92 Record 30 field 24), to obtain the site ID, please call Cheryl G Robinson at 866-285-0362
	KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA	94134			Commercial Provider ID required by Kaiser (ID can be up to 12 numeric ID's) in Loop 2010BA/2330A, Segment NM109 for ANSI or for NSF in DA0, field 07. Please contact Tina Cheung at (626) 405-6404.
	KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES	52095			For more information, please call Kenya Neal at Kaiser (301)-625-2264.
	KANAWHA INSURANCE CO.	57038			
	KELSEY SEYBOLD	KELSI			
	KEMPTON COMPANY, KEMPTON GROUP ADM	73100			
	KENTUCKY HEALTH SELECT	63077	KY		
	KENTUCKY KARE (HUMANA)	61101	KY		
	KEY BENEFIT ADMINISTRATORS, INC. (INDIANAPOLIS, IN)	37217			Payer Address: 8330 Allison Pointe Trail, Indianapolis, IN 46250
	KEYSTONE HEALTH PLAN CENTRAL	23239			
	KEYSTONE MERCY HEALTH PLAN	23284			
	KLAIS & COMPANY	34145			
	LAKESIDE HEALTH SERVICES	95415			
	LEGGETT AND PLATT	75279			
	LIFE TRAC	41136			
	LIFE INVESTORS INS CO OF AMERICA	LIICA			Accident only, cancer only, first occurrence invasive cancer, heart disease attack or stroke, hospital confinement indemnity, hospital intensive care
	LIFE INVESTORS INS CO OF AMERICA	LIIC2			Long Term care only -PO Box 93019, Hurst TX 76053. Call 866-745-3545 with claim questions
A 01/03/06	LIFE INVESTORS INS CO OF AMERICA	LIIC3			Major Medical-PO Box 34310, Louisville, KY 40232, Customer Service 866-792-7615 Cancer, Stroke, Heart Attack, Hospitalization, Intensive Care Coverage-PO Box 36580, Louisville, KY 40233, Customer Service 866-242-2806
	LINCOLN NATIONAL	61101			
	LINCOLN NATIONAL (HUMANA)	61101			
	LINN COUNTY	75283			
	LOCAL 135 HEALTH BENEFITS FUND (INDIANAPOLIS, IN)	35107			
	LOMA LINDA UNIVERSITY ADVENTIST	37267			

	LONDON HEALTH ADMINISTRATORS	37226			
	LOS ALAMOS TOTAL CARE (PRUDENTIAL)	60054			
	LOVELACE SALUD (MEDICAID)	62310	NM		Receiver Type "D". All Lovelace Salud claims should be sent to payer ID 90328
	LOVELACE SALUD (MEDICAID)	90328	NM		Receiver Type "D". For Dates of Service 7/01/04 and thereafter.
	LOVELACE SANDIA HEALTH PLANS (Commercial)	90328			Receiver Type "F"
	LUMENOS	54195			
	MACHINIST DISTRICT 9 WELFARE				Please continue to send institutional/Hospital EDI claims to the Payer ID of the PPO shown on the Member's ID Card. If any questions, please call (314)-739-6442.
	MACNEAL HEALTH PROVIDERS - CHS	36334			Please call Payer at (708)-783-7100 prior to submission of claims.
	MAGELLAN HEALTH SERVICES	01260			
	MAGNACARE	11303			
	MAILHANDLERS BENEFIT PLANS	62413			
	MAMSI LIFE AND HEALTH INSURANCE CO.	52148			
	MANAGED CARE SERVICES, LLC	35162			
	MANAGED CARE INDEMNITY, INC	61101			
	MANAGED HEALTH SERVICES (WISCONSIN)	39187			
	MANAGED PRESCRIPTION SERVICES, INC	61101			
	MANATEE SERVICE CENTER (BRADENTON, FL)	41555			Payer ID only valid for claims with a billing submission address of PO Box 1098, Bradenton, FL 34206
	MAPCO, INC.	75258			
	MARRIOTT	60054			
	MARSH ADVANTAGE AMERICA	13310			Also known as "Seabury & Smith".
	MASHANTUCKET PEQUOT TRIBAL NATION	37121			
	MASTERS, MATES & PILOTS PLAN	MMPHB			
	MATTHEW THORNTON HEALTH PLAN	02030		Yes	PROV ID Required-Contact (603) 695-1419 to obtain ID
	MAYO MANAGEMENT SERVICES, INC.	41154			
	MEDCOST BENEFIT SERVICES (MBS)	56205			
	MCARE	38264			Call Dawn for Network ID (734)-332-2497.
	M.D. – INDIVIDUAL PRACTICE ASSOC.	52148			
	MD HEALTH PLAN	06118			
	MDNY HEALTHCARE	11338			
	MEDBENEFIXX, INC	61101			
	MEDCOM	59231			
	MEDCONNECTION (MARRIOT)	68241			Please send all Payer claims to Aetna Payer Id 60054.
	MEDCOST, INC	56162		Yes	PROV ID Required- Contact (800) 433-9178 x4189 to obtain ID
	MEDICA	94265		Yes	Unique 7 digit numeric PROVIDER ID reqd- Contact Medica
	MEDICAL CLAIMS SERVICE, INC.	04258			
	MEDICAL DEVELOPMENT INTERNATIONAL	52181			
	MEDICAL PLAN OF KANSAS CITY, MO	61101	MO		
	MEDICAL RESOURCE NETWORK (MRN)	58203			
	MEDICAL VALUE PLAN- OHIO	38224	OH		
	MEDICAID - ILLINOIS (IDPA)	00621	IL	Yes	Receiver Type "D". Contact (312)-653-7954 EDI Hotline Number for Enrollment.
	MEDICAID - New Mexico	CNTNM	NM		Receiver Type "D".
	MEDICAID- TX	86916	TX		Receiver Type "D"
	MEDICAID - TX PREMIER PLAN (STAR HMO)	EPF02	TX	Yes	Receiver Type "D" Please contact Provider Relations @ (915)-532-3778, #1068, to enroll.
A 01/11/06	MEDICAL BENEFITS ADMINISTRATORS OF MARYLAND, INC.	37298			
	MEDICAL BENEFITS MUTUAL	74323			
	MEDICAL MUTUAL OF OHIO	29076			
	MEDICAL VALUE PLAN – MVP - OHIO	38224			
	MEDICARE 'A' - CO	00400	CO	Yes	Receiver Type "C"
	MEDICARE 'A' - IL	00131	IL	Yes	
	MEDICARE 'A' - NM	00400	NM	Yes	Receiver Type "C"
	MEDICARE 'A' - TX	00400	TX	Yes	Receiver Type "C"
	MEDIVERSAL	37304			
	MEDPLAN PPO	58216			
	MEDSOLUTIONS, INC.	62160			
	MEGA LIFE & HEALTH INS. (STUDENT DIVISION)	74227			
	MEGA LIFE & HEALTH INS. CO.	59221			

A 01/03/06	MEMORIAL HERMANN HEALTH NETWORK	MHHNP		Yes	Provider PIN # is required for all electronic claims submissions. Please contact MHHNP Customer Service at 888-642-5040 for PIN and submission instructions
	MEMPHIS MANAGED CARE	36193			Payer does not return electronic claim status responses. To obtain claim status' please reference website www.mmcc-tlc.com, or call customer service at 901-725-7100
A 02/10/06	MERCYCARE	39114			
	MERCY CARE PLAN	86052			
	MERCY HEALTH PLANS	43166			
	MERCY HEALTH PLAN OF NJ	22326	NJ	Yes	Provider ID required. Contact (800) 682-9091 to obtain ID
	MERIDIAN HEALTH CARE MANAGEMENT	77042			
	METHODIST ASSOC HEALTH PLAN	62168			
	METHODIST CARE	95420			Please send claims to Unicare Payer ID 80314.
	METLIFE	87726			
	METRAHEALTH (UHC)	65978			
	METRAHEALTH ELECT	65978			
	METRAHEALTH HEALTHCARE NETWORK	65978			HMO/PPO
	METROPOLITAN HEALTH PLAN	10850			
	METROPOLITAN LIFE INS CO (UHC)	65978			
	MICHAEL REESE HMO PLAN (HUMANA)	61101			
	MICHAEL REESE PHYSICIANS GROUP	37127			
	MID AMERICA HEALTH	43132			Changed to Payer ID 25133 "or" 25147.
	MID AMERICA HEALTH (HEALTHNET)	25133			
	MID-AMERICA ASSOCIATES, INC.	37281			
	MID-ATLANTIC HEALTH SYSTEM	63079			
	MID-ATLANTIC PSYCHIATRIC SERVICES	52148			
	MID-VALLEY CARENET, INC	31140			
	MID-WEST NAT'L LIFE & HEALTH	59221			
	MID-WEST UNITED LIFE (STUDENT DIV)	74227			
	MIDWEST NATIONAL LIFE INS CO - TN	59224			
	MIDLANDS BENEFIT ADMINISTRATORS	47081			
	MIDLAND'S CHOICE, INC.	47080			Formerly known as Midlands Health Partners
A 02/03/06	MIDWEST GROUP BENEFITS	61146			
	MIDWEST HEALTH PLAN	MHP77			
	MINNEAPOLIS PRUDENTIAL BUSINESS	60054			
	MISSISSIPPI SELECT HEALTH CARE	64088			
	MISSOULA COUNTY MEDICAL BENEFITS PLAN	37275			
	MLINK	37265			
	MONUMENTAL LIFE INS CO	MMLIC			Accident only, Cancer only, First occurrence invasive cancer, Heart disease attack or stroke only, Hospital confinement indemnity, Hospital intensive care - PO Box 8043 Little Rock, AR 72203-8043 501-227-1284
A 01/03/06	MONUMENTAL LIFE INS CO	MMLI2			Cancer, LTC, LTC Rider-PO Box 34310, Louisville KY, 40232, Customer Service 800-388-7995 Major Medical-PO Box 34310, Louisville KY, 40232, Customer Service 866-792-7615
	MOLINA HEALTHCARE OF CALIFORNIA	38333			
	MOLINA HEALTHCARE OF MICHIGAN	38334			
	MOLINA HEALTHCARE OF NEW MEXICO	CIMSA	NM		Receiver Type "D". Payer name changed from "Cimmaron Salud". Claims are printed and mailed to the Payer.
	MOLINA HEALTHCARE OF WASHINGTON	38336			
	MONTEFIORE CMO	13174			
	MONUMENTAL LIFE INS CO	MMLI3			Long Term Care only - PO Box 93019, Hurst TX, 76053. Call 866-745-3543 with claim questions.
	MOUNTAIN STATES ADMINISTRATIVE SERVICES	86040			
	MPE EMPLOYEE BENEFIT SERVICES, INC.	37233			
	MT. CARMEL HEALTH PLAN	95655			
	MULTIPLAN WISCONSIN PREFERRED PROVIDERS	34080			
	MPLAN, INC/HEALTHCARE GROUP, LLC	95444			
	MUTUAL ASSURANCE ADMINISTRATORS	37256			
	MUTUAL BENEFIT LIFE (MBL)	70408			
	MUTUAL GROUP (THE)	70491			
	MUTUAL OF OMAHA	71412			
	MUTUALLY PREFERRED	71412			
	MVP HEALTH PLAN OF NEW YORK	14165	NY	Yes	Call Carrier to enroll in EDI (800) 684-9286
	MVP HEALTHPLAN- OHIO	38224			

NAA - NORTH AMERICA ADMINISTRATORS (NASHVILLE, TN)	65085			
NALC/ AFFORDABLE	53011			
NAPERVILLE HEALTH CARE ASSOCIATES	NHCA1			
NATIONAL ASSOC OF LETTER CARRIERS	53011			
NATIONAL BENEFIT ADMINISTRATORS - NEW JERSEY	56175			
NATIONAL BENEFIT ADMINISTRATORS – NORTH CAROLINA	56176			
NATIONAL CLAIM ADMINISTRATION	37126			
NATIONAL RURAL LETTER CARRIER ASSOC	71412			
NATIONAL TEACHERS ASSN (NTA)	NTA11			
NATIONWIDE HEALTH PLANS	31417			
NCAS - CHARLOTTE, NC	75191			
NCAS - FAIRFAX, VA	75190			
NEIGHBORHOOD HEALTH PARTNERSHIP	95123			
NEIGHBORHOOD HEALTH PLAN	04293			
NEIGHBORHOOD HEALTH PROVIDERS	11325			
NESIKA HEALTH GROUP	37255			
NETCARE LIFE AND HEALTH INSURANCE	66055			
NEW ENGLAND FINANCIAL	80705			Hospital claims containing "TN", "PSI", or "HPS" anywhere in the Group and Insured ID numbers may NOT be submitted to this Payer ID.
NEW ERA LIFE	75281			
NEW MARKET DIMENSIONS	65056			
NEW YORK PRESBYTERIAN COMMUNITY HEALTH PLAN	48186			
NEW YORK LIFE - LTC	NYL11			long term care claims
NEW YORK STATE EMPLOYEES (EMPIRE)	65978			
NGS AMERICAN, INC.	38225			
NHC HEALTH BENEFIT PLAN	62124			Please call NHC Health Benefit Plan at (615)-278-1230 regarding your NHC provider number prior to submitting claims electronically.
NIPPON LIFE INSURANCE CO	81264			
NORTH AMERICA BENEFITS NETWORK	34159			
NORTHWEST SUBURBAN IPA (ILLINOIS)	36346			
NOVA HEALTH ADMIN. (GRAND ISLAND, N.Y.)	16644			
NOVASYS	75080			
NORTH TEXAS HEALTHCARE NETWORK	NTX11			
NORTHERN CALIFORNIA SHEET METAL WORKERS HEALTH CARE PLAN	38238			
NORTHERN NEVADA TRUST FUND	88027			Please call (775)-826-7200 to verify if you should be sending claims to Northern Nevada Trust Fund.
NTHN	NTX11			
N.W. IRONWORKERS HEALTH & SECURITY TRUST FUND	91136			Group # required
N.W. ROOFERS & EMPLOYERS HEALTH & SECURITY TRUST FUND	91136			Group # required
N.W. TEXTILE PROCESSORS	91136			Group # required
NYHART	37299			
NYLCARE ETHIX NORTHWEST	91135			
NYLCARE HEALTH PLANS NORTHWEST	91166			
OCHSNER HEALTH PLAN	72127			Payer requires unique Provider ID for each practioner/provider; please contact Jill Brandt, OHP Provider Relations, at (504)-219-6682 or jill.brandt@ochsner.com
ODS HEALTH PLAN	13350			
OEA CHOICE TRUST	13350			
OHIO HEALTH CHOICE, PPO	34189			
OLYMPIC HEALTH MANAGEMENT SYSTEMS	91151			
OMNICARE, A COVENTRY HEALTH PLAN	25150			
OMNICARE HEALTH PLAN OF MICHIGAN	38252			
ONE HEALTH PLANS (ALL 50 STATES)	80705			
OPERATING ENGINEERS	91136			Please include Group Number when submitting claims.
OPERATING ENGINEERS LOCALS 302 & 612 HEALTH & SECURITY FUND	91136			
OPTIMUM CHOICE, INC.	52148			
OPTIMUM CHOICE OF THE CAROLINAS	52152			
OPTION SERVICES GROUP	37125			
OSG - ST. THERESE PHYSICIAN ASSOC.	37116			
OXFORD HEALTH PLANS	06111			

	PACE	EPF29	TX	Yes	Please contact Provider Relations @ (915)-532-3778, #1068, to enroll.
	PACIFIC LIFE & ANNUITY COMPANY	67466			
	PACIFICARE OF CALIFORNIA - HMO	95959			For Payable Pacificare HMO Claims only. Not for PPO claims. For further questions you may inquire via email at edihmoinfo@phs.com
	PACIFICARE OF COLORADO	96962			For payable Pacificare/Secure Horizons HMO and POS claims only. Not for PPO claims. For further questions, you may inquire via E-mail at edioutreach@phs.com.
	PACIFICARE OF OKLAHOMA - HMO	95959			For Payable Pacificare HMO Claims only. Not for PPO claims. For further questions you may inquire via email at edihmoinfo@phs.com
	PACIFICARE OF OREGON - HMO (CLAIMS)	95959			For Payable Pacificare HMO Claims only. Not for PPO claims. For further questions you may inquire via email at edihmoinfo@phs.com
	PACIFICARE OF TEXAS (CLAIMS ONLY)	95959			For Payable Pacificare HMO Claims only. Not for PPO claims. For further questions you may inquire via email at edihmoinfo@phs.com
	PACIFICARE WASHINGTON	95959			
	PACIFCSOURCE HEALTH PLANS	93029			
	PAPER PRINT	PRINT	ALL	Yes	Call our EDI Helpline to enroll 972-766-5480
	PARKLAND HEALTH FIRST	66917	TX	Yes	Provider must be enrolled as a Parkland Network Provider, for enrollment please call Patricia Carney @ 214-266-2121 or Ted Lyons @ 214-266-2120
	PARTNERS NATIONAL HEALTH PLANS OF NORTH CAROLINA, INC.	56152			Contracted providers only. Please call the Payer's Customer Service Department at (800)-942-5695 or (336)-760-4822, #12005, for electronic claims set-up.
	PASSPORT HEALTH PLAN	61129			
	PATIENT CHOICE	39026			
	PAYNET, INC.	37210			
	PCA OF TEXAS (HUMANA)	61101			
	PCA STAR MEDICAID	61101			
	PEOPLES BENEFIT LIFE INSURANCE	PBLIC			Long Term Care only - PO Box 93019, Hurst TX, 76053. Call 866-745-3542 with claim questions.
	PERSONALCARE	25146			
	PG & E (PACIFIC GAS & ELECTRIC)	60054			
D 03/01/06	PHA ADMIN SERVICES	63088			Payer ID changed to "95183".
	PHA INSURANCE SERVICES	95183			
	PHIFER WIRE PRODUCTS, INC.	PHIF4			
	PHOENIX GROUP SERVICES	06143			
	PHOENIX GROUP SERVICES (TEXAS)	75238			Payer Name changed to "GE Group Administrators (Texas)".
	PHOENIX HEALTHCARE	62153			
	PHP TENNCARE	62155			
	PHYSICIANS HEALTH CHOICE - CLAIMS	PHCS1			Administered by Wellmed
	PHYSICIANS HEALTH CHOICE - ENCOUNTERS	PHCEN			Administered by Wellmed
	PHYSICIANS CARE NETWORK (PCN)	57098			
	PHYSICIANS CARE NETWORK (ROCKFORD, IL)	36345			Payer ID valid only for claims with billing submission name, city, and state of Physicians Care Network, Rockford, IL.
	PHYSICIANS HEALTH ASSOCIATION OF ILLINOIS	37136			
	PHYSICIANS PLUS INS. CORP	39156			
D 01/12/06	PIEDMONT ADMINISTRATORS	56151			Payer claims should be submitted to Medcost Benefit Services Payer ID "56205".
	PINNACLE CLAIMS MANAGEMENT, INC.	24735			
	PIPEFITTERS LOCAL 597	59700			
	PIPELINE INDUSTRY BENEFIT FUND (TULSA, OK)	73074			
	PLANNED ADMINISTRATORS, INC.	37287			
	PM GROUP (PMG)	67466			
	POLY AMERICA MEDICAL BENEFITS PLAN	32680			
	POMCO	16111			
	PPOM	38335			
	PPO PLUS, LLC	72148			
	PRAIRIE STATES ENTERPRISES, INC.	36373			
	PREFERRED ADMINISTRATORS	EPF10	TX	Yes	Please contact Provider Relations @ (915)-532-3778, #1068, to enroll.
	PREFERRED BENEFIT ADMINISTRATORS	53476			
	PREFERRED CARE PARTNERS (MIAMI, FL.)	65088			
	PREFERRED COMMUNITY CHOICE	73145			

	PREFERRED HEALTH NETWORK	35173			
	PREFERRED HEALTH PLAN	61106			
	PREFERRED HEALTH SYSTEMS	60110			
	PREFERRED NETWORK ACCESS (DARLEN, IL)	36401			
	PREFERRED PLUS OF KANSAS	60110			
	PREFERREDONE (MN)	41147			
	PREMIER HEALTH NETWORK	37119			
	PREMIER HEALTH PLANS	43166			
	PRESBYTERIAN HEALTH PLAN (Commercial)	PREHP	NM		
	PRESBYTERIAN SALUD!	PRESA	NM		
	PRESCRIPTION BENEFITS, INC	61101			
	PREVEA HEALTH PLAN (PHP INSURANCE PLAN, INC.)	39185			
	PRIMARY HEALTH PLAN	PRIME			
	PRIMARY PHYSICIANCARE, INC.	56144			
	PRIME BENEFITS SYSTEMS INC	61101			
	PRIME HEALTH	61101			
	PRIME HEALTH MANAGEMENT SRVC	61101			
	PRIME HEALTH OF KANSAS	61101			
	PRIME WEST HEALTH PLAN	61604			
	PRIMESOURCE HEALTH NETWORKS	04320			
	PRINCIPAL FINANCIAL GROUP	61271			
	PRINCIPAL MUTAL LIFE INSURANCE CO	61271			
	PRINT TO PAPER	PRINT	ALL	Yes	Call our EDI Helpline to enroll 972-766-5480
	PRISM - UNIVERA	37315			
A 02/16/06	PRO CARE HEALTH PLAN, INC.	38329	MI		
	PROFESSIONAL BENEFIT ADMINISTRATORS, INC. (Oak Brook, IL)	36331			Payer ID valid only for claims with billing submission name, city, and state of Professional Benefit Administrators, Inc., Oak Brook, IL.
	PROFESSIONAL CLAIM ADMINISTRATORS	41163			
	PROFESSIONAL CLAIMS MANAGEMENT	37242			
	PROFESSIONAL RISK MANAGEMENT	34134			
	PROMINA	58226			
	PRONET	51032		Yes	Group Number Required
	PROVIDENCE PREFERRED OF WASHINGTON	91131			Now known as First Choice Health Network.
	PROVIDENT HEALTH PLANS	68195			
	PROVIDER NETWORKS OF AMERICA (Pronet)	51032		Yes	Group Number Required
	PRUCARE	60054			Payer ID changed from 68241.
	PRUDENTIAL (ALL PLANS)	60054			Payer ID changed from 68241.
	PUGET SOUND BENEFITS TRUST	91136			Group # required
	PUGET SOUND ELECTRICAL WORKERS TRUST	91136			Group # required
	QUADMED (WEST ALLIS, WI)	39197			
	QUAL CHOICE OF ARKANSAS	35174		Yes	Please call Customer Service to verify Provider ID (800)-235-7111).
	QUAL CHOICE OF VIRGINIA	35171			
	QUAL-MED NEW MEXICO	QUANM	NM		
	QUALCARE, INC	23342			
	QUINCY HEALTH CARE MANAGEMENT, INC.	37129			
	RANDMARK, INC	61101			
	R. E. HARRINGTON, INC.	95266			
	RBMS, LLC	91176			
A 03/01/06	REGENCY EMPLOYEE BENEFITS	38221			
	REGIONAL CARE, INC.	47076			
	RELIA STAR	41045			Name changed to "Coresource of AZ & MN".
D 03/27/06	REYNOLDS AND REYNOLDS	37270			Paper claims should be mailed to Reynolds and Reynolds, P.O. Box 1272, Dayton, OH 45401.
	RIO GRANDE HMO	84980			
	RIVERQUEST NETWORK, INC.	37129			
	ROCKWELL INTERNATIONAL	75196			
	ROONEY LIFE, INC	37602			
	ROSEMONT OF DES PLAINES, IL	36215			
	RUSH PRUDENTIAL	60054			
	RUSH PRUDENTIAL HEALTH PLANS	36389			
	SAGAMORE HEALTH NETWORK	35164			
	SAMBA	37259			
	SAN FRANCISCO ELECTRICAL WORKERS HEALTH & WELFARE	37236			

C 03/31/06	SANTA BARBARA COTTAGE HOSPITAL	35182			Payer claims now routed from Payer ID "37288" to CoreSource Payer ID "35182".
	SANUS HMO/PPO (ST LOUIS)	63665			
	SCOTT & WHITE	88030	TX	Yes	(**12 max lines FA0) Unique Scott/White ID must be in record 30 feld 24. Contact Mayra Martinez at (254) 298-3157 to obtain ID
	SEABURY & SMITH	13310			Also known as "Marsh Advantage America".
	SECURE HEALTH PLANS OF GEORGIA, LLC	28530			
	SECURITY HEALTH PLAN	39045			
	SELECT BENEFIT ADMIN OF AMERICA (ASHLAND, WI)	37282			
	SELECT BENEFIT ADMINISTRATORS (DES MOINES, IA)	42137			Valid for this address only: POB 8339 DesMoines, IA 50301
	SELECT HEALTH OF SOUTH CAROLINA	23285			
A 03/10/06	SELECTCARE	00014			
	SELECTCARE OF OKLAHOMA	SCOK1			
	SELECTCARE OF TX (HOUSTON)	HPN11			(12 max lines FA0) PROV ID required - contact (713)-843-6780 to obtain ID.
A 01/01/06	SELECTCARE OF TX (INTEGRANET)	INET1			(**12 max lines FA0) Provider ID required. Contact (713)-843-6780 to obtain ID.
	SELECTCARE OF TX (KELSEY-SEYBOLD)	KLSY1			(12 max lines FA0) PROV ID required - contact (713)-843-6780 to obtain ID.
	SELF-FUNDED PLANS, INC. (OHIO)	34131			
	SELF INSURED BENEFIT ADMINISTRATORS (CLEARWATER, FL)	59111			Payer ID valid only for claims with a submission address of 18167 US highway 19 North, Suite 300, Clearwater, FL 33764.
	SELF INSURED PLANS	36404			
	SENTARA HEALTH MANAGEMENT	54154			
	SETON EMPLOYEE PLAN	SHEBP			For group IDs SHP I and SHP II
	SETON HEALTH PLAN (CHIP)	SHPCH	TX		
	SETON HEALTH PLAN - EXCLUSIVE PROVIDER NETWORK	EPNSH			
	SETON HEALTH PLAN - MAP PROGRAM	SHMAP			
	SETON HEALTH PLAN - STAR MEDICAID	SET22			THIN dropping to paper per Payer.
	SHASTA ADMINISTRATIVE SERVICES	75280			
	SHEET METAL WORKERS LOCAL 91	SMW91			
	SHEET METAL WORKERS LOCAL 104 HEALTH CARE PLAN	38238			
A 02/21/06	SHEFFIELD, OLSON, & MCQUEEN, INC.	41143			Payer ID valid only for claims with a submission address of 2145 Ford Pkwy.,#300, St. Paul, MN 55116.
	SIERRA HEALTH SERVICES (CLAIMS)	76342			
	SIERRA HEALTH SERVICES (ENCOUNTERS)	76343			
	SINCLAIR HEALTH PLAN	84076			
	SLOAN'S LAKE MANAGED CARE	84096			Insured's Policy Group Field must include a double hyphen (- -) and Sloans Lake's internal group number. The insured's policy number or carrier group number should preface the Sloans Lake internal group number.
	SMITH ADMINISTRATORS	02057			
	SOUND HEALTH (PROVIDENCE)	91131			Now known as First Choice Health Network.
	SOUTHCARE/HEALTHCARE PREFERRED	25147			
	SOUTHEAST MEDICAL ALLIANCE	72112			
A 01/03/06	SOUTHERN BENEFIT SERVICES LLC	37318			
A 03/01/06	SOUTHERN GROUP ADMINISTRATORS	56131			
	SOUTHERN HEALTH SERVICES	25128			
	SOUTHWESTERN BELL	60054			
	SOUTHWEST SERVICE LIFE	37266			
	SPECIAL RISK INTERNATIONAL	52190			
A 02/10/06	SPOHN HEALTH	SPOHN			
	STARMARK	61425			
	STATE EMPLOYEES GROUP BENEFITS	72087			
	STATE FARM	31053			Payer requires Insured ID of 11 or 12 characters in length. If 11 characters, positions 1 through 9 are numeric; positions 10 and 11 must contain an "03" or "04". If 12 characters, position 1 must be a value of "C" or "H"; poition 2 must be alphanumeric; and positions 3 through 12 must be numeric "only". Insured ID should be included in DA0-18 (NSF Format), or Loop 2010BA, NM 109 (ANSI Format).
	STERLING AND STERLING	06089			
	STERLING OPTION 1	91151			
	STONER AND ASSOCIATES (CINCINNATI, OH)	31121			

	ST. BARNABAS SYSTEM HEALTH PLAN	22240			
	ST. JOHN'S CLAIMS ADMINISTRATION	37264			
	ST. THERESE PHYSICIAN ASSOCIATION	37116			
	ST. VINCENT CATHOLIC MEDICAL CENTERS OF NY	13407			
	STOWE ASSOCIATES (ATLANTA, GA)	58128			Payer ID valid only for claims with a submission address of 2872 Woodcock Blvd., #200, Atlanta, GA 30341.
	SUFFOLK HEALTH PLAN OF NEW YORK	88331			
	SUMMACARE HEALTH PLAN	95202			
	SUMMIT AMERICA INSURANCE SERVICES	37301			
	SUN TRUST BANK	60054			
	SUPERIOR ADMINISTRA+B74TORS, INC. (SANTA ANA, CA)	23218			
	SUPERIOR HEALTH PLAN CHIPS EPO	SHP11		Yes	For Dates of Service 9-1-04 and after. For dates of Service of 8-31-04 and prior use Payer ID EPOTX. Superior's Trading Partner Profile (enrollment document) is required and may be found at www.superiorhealthplan.com. Enrollment forms may be faxed to 314-558-2427 . Must submit Superior Healthplan 6 digit PIN in the Medicaid ID field (NSF = BAO.12 or FAO.23, ANSI = 2010AA REF01 with a 1D Qualifier or 2310B REF02 with a 1D Qualifier).
	TBG ADMINISTRATIVE SERVICES	39157			
	TEAMCARE	36215			
	TEAM CHOICE - ALPHA CARE GOLD	ADSL1			
	TEAM CHOICE PNS	75133			
	TEAM CHOICE UMC	75134			
	TEAM CHOICE GOLD	75139			
	TEAMSTERS LOCAL UNION 301	36612			
A 04/03/06	TENNCARE	36193			
	TENNESSEE BENEFIT ADMINISTRATORS	37293			
	TEXAN PLUS (HOUSTON)	HPN11			(**12 max lines FA0) Provider ID required. Contact (713)-843-6780 to obtain ID.
A 01/01/06	TEXAN PLUS (INTEGRANET)	INET1			(**12 max lines FA0) Provider ID required. Contact (713)-843-6780 to obtain ID.
	TEXAN PLUS (KELSEY-SEYBOLD)	KLSY1			(**12 max lines FA0) Provider ID required. Contact (713)-843-6780 to obtain ID.
	TEXAS ASSOCIATION OF SCHOOL BOARDS (TASB)	TTASB			
	TEXAS CHILDRENS HEALTH PLANS	76048	TX		
	TEXAS HEALTH STEPS	86916	TX	Yes	Receiver Type "D" Contact (888)-863-3638 to enroll in EDI.
	TEXAS MUNICIPAL LEAGUE GROUP	74214	TX		
	TEXAS PLAN ADMINISTRATORS (TPA)	TXP11		Yes	Please contact Debbie Morales at (432)-520-3865, #35 to enroll for EDI.
	TEXAS TRUE CHOICE	TTCEC			
A 03/06/06	THE BOON GROUP	BOONG			
	THE CITY OF ODESSA	75600			
	THE FORD METER BOX COMPANY, INC.	37305			
	THE INTEGRITY BENEFIT NETWORK	58200			
A 02/09/06	THE LOOMIS COMPANY	23223			Please call Provider Relations at (610)-374-4040, #2438 for procedures prior to submitting electronically.
	THE MEGA LIFE & HEALTH INS. CO.	59221			
	THE PREFERRED HEALTHCARE SYSTEM-PPO	04320			
	THE UNION LABOR LIFE INSURANCE COMPANY	13142			
	THE WELLNESS PLAN	38200			Provider ID required in BAO, FIELD 15 Position 120-134
	THIRD PARTY ADMINISTRATORS, INC.	37225			Please call Cheryl Jungnan at (630) 416-1111, ext. 173, to verify if you should be sending claims to Third Party Administrators, Inc. Their address is 1733 Park Street, Naperville, IL 60563.
	THIRD PARTY CLAIMS MANAGEMENT	95266			Payer ID was previously "06131".
	THREE RIVERS HEALTH PLANS, INC	25175			Loop 2310B REF 02 must be 12 characters in length and begin with '00'
A 02/06/06	TIME INSURANCE COMPANY	39065			
	TONGASS TIMBER TRUST	92620			
	TMG LIFE INSURANCE CO	70491			
	TOOLING AND MANUFACTURING ASSOC	61425			
	TOTAL HEALTHCARE, INC.	38201			

	TOUCHSTONE HEALTH/HEALTH NET SMART CHOICE	13402			
	TOWER LIFE INSURANCE	69493			
	TRANSCOICE – KEY BENEFIT ADMINISTRATORS	37284			
	TR PAUL, INC.	39181			
A 01/03/06	TRANSAMERICA ASSURANCE COMPANY	TSAAC			Cancer-PO Box 36580, Louisville KY, 40233, Customer Service 866-242-2806
	TRANSAMERICA FINANCIAL LIFE INS CO	TFLIC			Long Term Care only - PO Box 93019, Hurst TX, 76053. Call 866-745-3542 with claim questions.
	TRANSAMERICA LIFE INS CO	TLINS			Accident only, Cancer only, First occurrence invasive cancer, Heart disease attack or stroke only, Hospital confinement indemnity, Hospital intensive care - PO Box 8043 Little Rock, AR 72203-8043 501-227-1284
	TRANSAMERICA LIFE INS CO	TLIN2			Long Term Care only - PO Box 93019, Hurst TX, 76053. Call 866-745-3542 with claim questions.
A 01/03/06	TRANSAMERICA LIFE INS CO	TLIN3			Cancer, Heart Attack, Hospitalization, Stroke, Intensive care coverage - PO Box 36580, Louisville KY, 40233, <u>customer service 866-242-2806</u> Major Medical- PO Box 34310, Louisville KY, 40232, Customer Service 866-792-7615
	TRANSAMERICA LIFE INS CO	TSAA2			Use this payer ID for the following: Group off the job accident, Cancer only, First occurrence invasive cancer, Heart disease attack or stroke, Hospital confinement indemnity, Hospital intensive care, Universal life with ADB rider for LTC. For questions please call 501-2271284
A 01/03/06	TRANSAMERICA OCCIDENTAL LIFE INS CO	TOLIC			Hospital Surgical, Major Medical, Special Accident-PO Box 34310, Louisville KY, 34310, Customer Service 800-315-5717
	TRANSAMERICA OCCIDENTAL LIFE INS CO	TOLI2			Long Term Care only - PO Box 93019, Hurst TX, 76053. Call 866-745-3544 with claim questions.
	TRIAD HEALTHCARE, INC (PLAINSVILLE, CT)	39181			
C 04/14/06	TRICARE WEST	WESTR		Yes	Receiver Type "F" or "H" Contact (800)-782-2680 to enroll. Provider Enrollment Form may be obtained at www.wpsic.com .
C 04/14/06	TRICARE NORTH	38520		Yes	Receiver Type "F" or "H" Contact (800)-325-5920 to enroll. Provider Enrollment Form may be obtained at www.mytricare.com .
C 04/14/06	TRICARE SOUTH	38520		Yes	Receiver Type "F" or "H" Contact (800)-325-5920 to enroll. Provider Enrollment Form may be obtained at www.mytricare.com .
	TRUE CHOICE USA – CHRISTUS HEALTH PLAN	TCUCH			
	TRUE CHOICE USA	TCUSA			
	TRUSTEED PLANS SERVICE CORPORATION	91078			
	TRUSTMARK	61425			
	TTPA COMM	76054			
	TUFTS HEALTH PLAN	CALL			Please contact Tufts EDI Operations at (888)-880-8689, #4042 prior to submitting EDI claims.
	TX CHILDREN HEALTH PLAN	76048			
	TX HEALTH CARE INFORMATION COUNCIL	YTHCIC			
	TX PREMIER PLAN (STAR HMO) - MEDICAID	EPF02	TX	Yes	Receiver Type "D" Please contact Provider Relations @ (915)-532-3778, #1068, to enroll.
	UC CARE (UNIVERSITY OF CA)	60054			
	UFCW	UFCW1	TN/ MS		Claims only processed for Local 1529 members located in Tennessee and Mississippi.
	UICI-ADMINISTRATORS - ST OF NEVADA	75245			
A 02/03/06	ULTRA BENEFITS	04352			
	UMWA HEALTH & RETIREMENT FUNDS	52180			
	UNICARE INDIVIDUAL – SMALL GROUP	80314			License # required in Record 80, Field 05 (not UPIN#) 877-210-4083.
	UNICARE – MAJOR ACCOUNTS	80314			License # required in Record 80, Field 05 (not UPIN#) 877-210-4083.
	UNICARE – SPECIAL ACCOUNTS	80314			License # required in Record 80, Field 05 (not UPIN#) 877-210-4083.
A 02/03/06	UNIFIED GROUP SERVICES	35198			
	UNIFIED HEALTH SERVICES	62170			
	UNIFORM MEDICAL PLAN	75243			
	UNIFORMED SERVICE FAMILY HEALTH PLAN	13407			
	UNION LABOR LIFE INSURANCE COMPANY	13142			

C 03/03/06	UNITED BENEFITS/POE & BROWN	59069			Payer Name has been changed to "FBMC".
	UNITED FOOD AND COMMERCIAL WORKERS	UFCW1	TN/ MS		Claims only processed for Local 1529 members located in Tennessee and Mississippi.
	UNITED OF OMAHA	71412			
	UNITED MEDICAL RESOURCES	31107			Some of United Medical Resources new member cards no longer print the full 9 digit SSN on the card. The new card's format is displayed as XXX-XX-1234. However, when submitting electronically, the full numeric SSN must be entered.
	UNITED RESOURCES NETWORK	41194			
	UNITEDHEALTHCARE	87726			
	UNITEDHEALTHCARE OF FLORIDA	87726			
	UNIVERSAL CARE – CALIFORNIA	33001			
	UNIVERSAL CARE - TENNESSEE	33002			
C 03/01/06	UNIVERSAL HEALTH CARE, INC. (ST. PETERSBURG, FL)	50528			Payer ID changed from "UNIV1".
	UNIVERSITY HEALTH PLAN OF NJ	59000			
	UNIVERSITY OF WASHINGTON STUDENTS & GRADUATE APPTS.	91136			Group # required
	UPMC HEALTH PLAN	23281			
	UPPER PENINSULA HEALTH PLAN	38337			
	US/HEALTHCARE (HMO)	23222			
	US BENEFITS	93092			
	USFHP – ST. VINCENT CATHOLIC MED CENTERS	13407			
	USAA (UNITED STATES AUTOMOBILE ASSOC)	74095		Yes	
	UTMB- CHOICEONE CHIP	UHSCH	TX		
	UTMB HEALTHCARE SYSTEMS	76049			Contact (281) 652-8883 or (888) 388-1233 to obtain Unique Provider Billing Number (required in Record 10, Field 09).
	VA FEE BASIS PROGRAMS	12115			
	VALLEY BAPTIST HEALTH PLAN	94999			
	VARIAN HEALTH CARE PLAN	60054			
	VISTA HEALTH PLAN	55248			
	VHP COMMUNITY CARE	23173			
	VYTRA HEALTHCARE	22264			Rendering provider ID assigned by Payer required on claim. Please call Provider Service Line at (631)-420-4100, #4.
	WAL-MART (Blue Card Carriers)	84980			Receiver Type "G" Patients have a "MRT" prefix before their ID#
	WASHINGTON EMPLOYERS TRUST	37294			
	WATERLOO MUNICIPAL EMPLOYEES HEALTH PLAN	OBALB			
	WATKINS ASSOCIATED INDUSTRIES, INC.	58082			
	WAUSAU BENEFITS, INC.	39026			
	WEA INSURANCE GROUP	39151			providers submitting UPIN #s must submit either 1 alpha digit followed by 5 numeric digits, or 3 alpha digits followed by 3 numeric digits in NSF: BAO Field 10.0, In 4010: Loop 2010AA REF segment
	WEBTPA	75261			
	WELLCARE HMO	14163			Please note that all claims submitted require a 5-9 character Rendering Provider Network ID.
	WELL PATH OF CAROLINA, INC.	25129			
	WELLMED MEDICAL	WELM2			
	WELS BENEFIT PLAN OFFICE	22925			
	WEST COAST STATIONARY ENGINEERS HEALTH & SECURITY TRUST FUND	91136			Group # required
	WESTERN CARE	70408			
A 01/03/06	WESTERN HEALTH, INC.	37306			
	WESTERN LIFE INS CO	70408			
	WESTERN MUTUAL INSURANCE	37247			
	WESTERN SOUTHERN FINANCIAL GROUP	31048			
	WESTLAKE FINANCIAL GROUP	WESTL			
	WEYCO	38232			
	WILLIAM J. SUTTON & COMPANY	98010			
	WILLIS ADMINISTRATIVE SERVICES CORP.	62061	TN		Name changed to "Fiserv Health - Kansas/Tennessee).
	WISCONSIN AUTO & TRUCK DEALERS INSURANCE CORP	39200			
A 02/21/06	WORKSITE BENEFIT SERVICES, LLC.	20333			Payer ID valid only for claims with a submission address of P.O. Box 707, Tifton, GA 31793.
	WORLD INSURANCE COMPANY	75276			

	WPS PREVEA HEALTH PLAN	10159			
	WRITER'S GUILD	62413			
	WRITERS' GUILD INDUSTRY HEALTH PLAN	23710			
	XANTUS HEALTHPLAN OF TENNESSEE	62153			
	YALE NEW HAVEN HEALTH - MSO INC	06121			
	YALE PREFERRED HEALTH	95376			
	1199 NATIONAL BENEFIT FUND	13162			
CHANGE OF INFORMATION		* State Specific is for Providers within that state "ONLY"			
ID	= Payer ID has changed	For Enrollment or Questions Call our EDI Hotline 312-653-7954			
A	= Added New Payer	Helpline 800-713-1693 (IDAHO ONLY)			
C	= Change to original info				
****	= New message/additional info noted				
D	= Deleted payer				
Receiver Type is "F" (denotes commercial claims) unless otherwise indicated					