



THE HEALTH INFORMATION NETWORK
THIN PAYER LIST
Professional

Last Update	Payer Name	Payer ID #	*State Spec.	Enroll Reqd	Additional Information
	ABC HEALTH PLAN	48185			
	ACCESS ADMINISTRATORS	AHS01			
	ACCESS PLUS (UTMB)	76049		Yes	Prov ID Reqd- Contact (281) 652-8700 to obtain ID ** must be in 2310B REF02
	ACCLAIM	64071			
	ACORDIA NATIONAL	87815			Only one rendering provider per claim - Must be in the 2310B Loop
	ACS CONSULTING SERVICES, INC.	72467			
	ACTIVA BENEFIT SERVICES, LLC	38254			Formerly Amway Corporation
	ADMINONE	37278			
	ADVANCED DATA SOLUTIONS, INC	58202			
	ADVANTAGE HEALTH SOLUTION	35209			
	ADVANTRA/HLTH 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 Hanni at (847)-699-4368 for more information.
	ADVOCATE HEALTH PLANS	65093			claim office number (from patients ID card) required in DA0-08/REF02 or 2010BC Loop - REF02 = 'FY' qualifier).
	AETNA INSURANCE COMPANY	60054			
A 01/18/06	AFFINITY HEALTH PLAN	13334			Please contact Affinity's EDI Coordinator before submitting claims electronically at EDI@Affinityplan.org, or call (718)-794-7592. Providers using Payer ID 13333, under instruction of Affinity, should continue to use this ID until an Affinity EDI Coordinator contacts your office.
	AFL-CIO FOOD & BEVERAGE DEALER'S	34444			
	AFTRA HEALTH FUND	13346			
	AGATE RESOURCES	LIPA1		Yes	Please contact Denise Watts at (541)-585-2155, #1178 for EDI enrollment with Payer.
	AGENCY SERVICES, INC.	64158			
	ALABAMA MEDICAL SURGICAL, LLC	06311			
	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			
C 01/18/06	ALIGNIS	58213			Name changed to "American WholeHealth Networks".
	ALL SAINTS/COVENANT-MILWAUKEE, WI	39160		Yes	Contact Karen Mills (414) 256-5705 to enroll in EDI
	ALLIANCE - ALPHA CARE GOLD	ADSL1			
A 02/10/06	ALLIANCE HEALTHPLANS OF WISCONSIN	88461			
	ALLIANCE PPO, INC.	52149			
	ALLIANCE SELECT	81400			
	ALLIANT HEALTH PLANS (GEORGIA)	58234	GA		
	ALLIED ADMINISTRATORS (S.F., CA)	94177			
	ALLIED BENEFITS SYSTEMS	37308			
	ALPHA DATA SYSTEMS	75261			
	ALTA HEALTH STRATEGIES	87043			
	ALTERNATIVE TECHNOLOGY RESOURCES (ATR)	37231		Yes	Contact Troy Andrews at (916)-231-0422 to enroll.
	AMA INSURANCE AGENCY	AMAIA			
	AMALGAMATED LIFE	13550			
	AMERIBEN SOLUTIONS, INC.	75137			
	AMERICAID /AMERIGROUP	26375	TX		For Providers located in Ft Worth
	AMERICAID /AMERIGROUP	26374	TX		For Providers located in Houston
	AMERICAID COMMUNITY CARE(MARYLAND)	27517	MD		
	AMERICAID COMMUNITY CARE(NEWJERSEY)	27516	NJ		
	AMERICAN ADMINISTRATIVE GROUP - AAG (Formerly Gallagher Benefits)	37283			
	AMERICAN ADMINISTRATIVE GROUP - AAG (Formerly Icon Benefits)	75185			
	AMERICAN BENEFITS MANAGEMENT (NORTH CANTON, OH)	34187			Payer ID valid only for claims with a submission address of P.O. Box 35008, North Canton, OH 44735

	AMERICAN CHIROPRACTIC NETWORK	ACN01		
	AMERICAN CHIROPRACTIC NETWORK IPA OF N.Y.	41160		
	AMERICAN CHIROPRACTIC NETWORK (PAN)	41161		
C 03/16/06	AMERICAN COMMERCIAL BARGE LINES	87726		Payer ID formerly "37128".
	AMERICAN COMMUNITY MUTUAL INSURANCE	60305		
	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/ .
	AMERICAN FOUNDERS LIFE INSURANCE CO.	98205		
	AMERICAN GENERAL	62030		
A 03/01/06	AMERICAN HEALTHCARE ALLIANCE	01066		
	AMERICAN IMAGING MANAGEMENT	36369		
	AMERICAN INSURANCE COMPANY OF TEXAS	81949		
	AMERICAN LIFECARE	72099		
	AMERICAN MEDICAL SECURITY	81400		Payer ID changed from "AMS01".
	AMERICAN NATIONAL INSURANCE CO	74048		
A 01/04/06	AMERICAN PIONEER BREVARD PHYSICIANS NETWORK	APBPN		(**12 max lines FA0) Provider ID required – contact (713)-843-6780 to obtain ID.
A 01/04/06	AMERICAN PIONEER SOUTH FLORIDA	APSFL		(**12 max lines FA0) Provider ID required – contact (713)-843-6780 to obtain ID.
	AMERICAN POSTAL WORKERS UNION	44444		
	AMERICAN REPUBLIC INSURANCE	42011		
A 01/18/06	AMERICAN WHOLEHEALTH NETWORKS	58213		Formerly "Alignis".
	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	26375	TX	For Providers located in Ft. Worth
	AMERIGROUP/AMERICAID	26374	TX	For Providers located in Houston
	AMERIGROUP FLORIDA	27519		
	AMERIGROUP ILLINOIS	26378		Payer ID changed from "27518"
	AMERIHEALTH ADMINISTRATORS	54763		Payer ID changed from "23252"
	AMERIHEALTH HMO NEW JERSEY AND DELAWARE	23037		
	AMERIHEALTH MERCY HEALTH PLAN	22248		Contact AmeriHealth(800)521-6007 to enroll in EDI
	AMS - AMERICAN MEDICAL SECURITY	AMS01		
	AMWAY CORPORATION	38254		Name changed to Activa Benefit Services, LLC
	ANCHOR BENEFIT CONSULTING, INC	53085		
	ANTHEM HEALTH & LIFE (GREAT-WEST HEALTHCARE)	80705		(**24 max lines FA0)
	APA PARTNERS	16140		
	APS HEALTHCARE, INC.	54160		
	ARAZ	16120		
	ARCADIAN MGMT SERVICES	77045		
A 04/13/06	ARIZONA PHYSICIANS IPA	03432		
	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.
A 03/01/06	ASSOCIATED BENEFITS CORPORATION	FAABC		
	ASSOCIATED THIRD PARTY ADMINISTRATION	ATPA1		
	ASSOCIATES FOR HEALTH CARE, INC	36326		
	ASSOCIATION SERVICES OF WASHINGTON	37294		
A 02/06/06	ASSURANT HEALTH	39065		
A 03/23/06	ASSURED BENEFITS ADMINISTRATORS	74240		Payer re-instated by THIN on 03/23/06.
	ASURIS NORTHWEST HEALTH	93221		Receiver Type "G"
	ATHENS AREA HEALTH PLAN	95691		
	ATLANTIS HEALTH PLAN	13853		
	ATLAS ADMINISTRATORS	ATLAD		USA MCO Provider Network
	ATLAS LIFE INSURANCE COMPANY	90956		
	ATPA	ATPA1		

	AUSTIN REGIONAL CLINIC EMPLOYEE BENEFIT PLAN	CMSEB			
	AUTOMATED BENEFIT SERVICES (ABS)	38259			
	AUTOMATED GROUP ADMINISTRATION, INC.	37280			
	AUTOMOTIVE MACHINISTS LOCAL 289 HEALTH & WELFARE FUND	91136			Group # required
	AVERA HEALTH	46045			
	AVMED, INC.	59274			Patient ID must be in NSF2.0 - DA0-18, or ANSI 4010 - 2010BA NM109. However when patient is different from the insured, patient ID field must be blank
	BANKERS UNITED LIFE (STUDENT DIV)	74227			
	BATAVIA CITY SCHOOLS' TRI-COUNTY MEDICAL PLAN	16112			
	BEECH STREET CORPORATION	95377			Must send rendering provider info (for ANSI) in 2310D using either qualifier '77' or 'FA' - (for NSF) send in BA1
	BELL ATLANTIC	60054			
	BCBS/ ILLINOIS (HCSC)	00621	IL		Receiver Type "G" (**99 max lines FAO)
	BCBS/ NEW MEXICO (HCSC)	00790	NM		Receiver Type "G" (**99 max lines FAO)
	BCBS/OREGON (REGENCE)	00851	OR		Receiver Type "G"
	BCBS/ TEXAS (HCSC)	84980	TX		Receiver Type "G" (**99 max lines FAO)
	BC/IDAHO	00610	ID	Yes	Receiver Type "G" Please contact 888-224-3341 option 2 to enroll with Payer
	BC/WASHINGTON (PREMERA)	00934	WA		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"
	BENEFIT CONCEPTS	51037			
	BENEFIT COORDINATORS CORPORATION (PITTSBURGH, PA)	25145			
	BENEFIT MANAGEMENT ADMIN (SAN ANTONIO)	BMATP			
	BENEFIT MANAGEMENT SYSTEMS,INC	37212			
	BENEFIT PLAN ADMIN OF ST LOUIS	13310			
	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, INC. (FARGO, NORTH DAKOTA)	37286			
	BENEFIT PLAN ADMINISTRATORS (ROANOKE, VA)	37118			
	BENEFIT PLAN (CNA)	62413			
	BENEFIT PLAN MANAGEMENT	37222			
	BENEFIT PLANNERS, INC.	74223			
	BENEFIT SOURCE, INC	38257			
	BENEFIT SYSTEMS & SERVICES, INC (BSSI)	36342			(**12 max lines FA0)
	BENEFIT TRUST LIFE	61425			Group # required.
A 02/03/06	BENEFITS, INC.	42148			
	BENEFIRST	37125			
	BENESIGHT (THE TPA)	87265			
	BENESYS, INC (LAFAYETTE, LA)	37248			
	BETTER HEALTH PLANS, INC.	62183			
	BIG LOTS ASSOCIATES BENEFIT PLANS	CX025			
	BLUE BELL BENEFITS TRUST	ECIBB			
	BLUE CROSS BLUE SHIELD OF ARKANSAS	00520			Receiver Type "G" Call EDI SUPPORT for enrollment (501-378-2419)
	BLUE CROSS BLUE SHIELD OF ILLINOIS (HCSC)	00621	IL		Receiver Type "G" (**99 max lines FAO)
	BLUE CROSS BLUE SHIELD OF LOUISIANA	53120	LA		Receiver Type "G"
	BLUE CROSS BLUE SHIELD OF NEW MEXICO (HCSC)	00790	NM		Receiver Type "G" (**99 max lines FAO)
	BLUE CROSS BLUE SHIELD OF OREGON (REGENCE)	00851	OR		Receiver Type "G"
	BLUE CROSS BLUE SHIELD OF TEXAS (HCSC)	84980	TX		Receiver Type "G" (**99 max lines FAO)
	BLUE CROSS OF IDAHO	00610	ID		Receiver Type "G" Enrollment required. Please contact Payer At (888)-224-3341, option 2.
	BLUE CROSS OF WASHINGTON (PREMERA)	00934	WA	Yes	Receiver Type "G" Enrollment required. Submitter/Provider may obtain THIN EDI Trading Partner Information Form at www.thinedi.com. Enrollment questions may be addressed to Premera at (800)-435-2715.
	BLUE MEDICARE PPO (NM)	NMPPO			Receiver Type "C"
	BLUE MEDICARE PPO (TX)	TXPPO			Receiver Type "C"
	BLUE SHIELD OF CALIFORNIA	94036	CA		Receiver Type "G" CA License number required in FAO.23
	BLUE SHIELD OF IDAHO (REGENCE)	00611	ID		Receiver Type "G"
	BLUE SHIELD OF WASHINGTON (REGENCE)	00932	WA		Receiver Type "G"
	BLUEGRASS FAMILY HEALTH	61124			
	BOILERMAKERS NAT'L HEALTH & WELFARE	36609			

	BOON-CHAPMAN BENEFIT ADMINISTRATORS	74238			(**12 max lines FA0) Payor does not accept dental claims electronically
A 03/06/06	BOON GROUP	BOONG			
	BOSTON MEDICAL CENTER HEALTH PLAN	13337			
D 03/31/06	BOYDCARE	37273			
	BPS, INC.	13310			
	BREATHCO/CSL PULMONARY	65005			
	BRIDGE BENEFITS	38365			
	BRIDGESTONE CLAIMS SERVICES	37285			
	BROKERAGE CONCEPTS	51037			
	BROWN & TOLAND MEDICAL SERVICES	94316			
	BRYAN INDEPENDENT SCHOOL DISTRICT	BRISD			
	BUTLER BENEFITS	42150			
	CAC (CLAIMS ADMINISTRATION CORP)	62413			
D 03/09/06	CAMBRIDGE ISG	59334			
	CANNON COCHRAN MANAGEMENT SERVICES, INC.	37105			
	C&O EMPLOYEES HOSPITAL ASSOCIATION	23708			
	CAPE HEALTH PLAN	38245			
	CAPITAL BLUE CROSS/CAIC	23045			
	CAPITOL ADMINISTRATORS	68011			
	CARE PARTNERS	43172	Yes		Contact Care Partners (800)684-5502 to enroll for EDI
D 02/21/06	CAREFIRST ADMINISTRATORS - MARYLAND	52118			Payor ID changed to 75190 (NCAS - Fairfax, VA).
	CAREFIRST BCBS OF DC/NCA	SB580			
	CAREFIRST BCBS OF MARYLAND	SB690			
	CARELINK ADVANTRA	25139			
	CARELINK HEALTH PLAN	25139			
	CARELINK MEDICAID	25140			
	CARENET	25142			
	CAREOREGON	93975			
	CARITEN HEALTHCARE	62073			
	CARITEN SENIOR HEALTH	62072			
	CAROLINA CARE PLAN, INC.	57105			
	CAROLINA SUMMIT HEALTHCARE, INC.	56195			
	CASCADE EAST HEALTH PLANS	93040			
	CATERPILLAR	37060			
	BCBA ADMINISTRATORS	55438			
D 02/03/06	CBIZ BENEFITS & INSURANCE SERVICES	31158			
	CBSA	41124			
	CCEA	88019			
	CCN	33005			Please place Payer Name (not "CCN") in Field DA0-09, and Group Name in Field DA0-0-9.
	CEDARS-SINAI MEDICAL NETWORK SERVICES	95166			Claims
	CEDARS-SINAI MEDICAL NETWORK SERVICES	95167			Encounters
	CEMARA ADMINISTRATORS, INC	37250			
	CEMENT MASONS & PLASTERERS HEALTH AND WELFARE TRUST	91136			Group # required
	CENTRAL BENEFITS LIFE	31118			
	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.
	CHATWINS HEALTHCARE ADMINISTRATORS	CHAT1			
	CHAUTAUQUA COUNTY HEALTHCARE PLAN	16600			
	CHC OF KANSAS CITY ADVANTRA	25144			
	CHEC - A SUBSIDIARY OF SPRINT	75261			Name changed to "WebTPA".
	CHESAPEAKE LIFE INSURANCE	59223			
A 01/23/06	CHIGAGO LABORER'S HEALTH AND WELFARE	CLW99	IL		
	CHIP - CHOICEONE (UTMB)	UHSCH	TX		
	CHIP – COMMUNITY FIRST	COMMF			
	CHIP- DRISCOLL CHILDRENS HEALTH PLAN	DCHCH	TX		
	CHIP- SETON HEALTH PLAN	SHPCH	TX		

	CHIP-TEENS TO TOTS / TX UNIVERSITY HEALTH	TTPCH	TX		
	CHIROPRACTIC CARE OF MINNESOTA, INC.	ACN01	MN		
	CHOICE PLUS (TRW)	60054			
	CHOICEONE- UTMB CHIP	UHSCH	TX		
	CHRISTIAN BROTHERS SERVICES	61271			
	CHRISTUS SPOHN NETWORK	SPOHN	TX		
	CIGNA	62308			(**32 max lines FA0)
	CIGNA- BEHAVIORAL HEALTH	MCCBV			
	CIGNA FLEX CARE (NEW MEXICO ONLY)	95266	NM		(**12 max lines FA0)
A 01/13/06	CIGNA SENIOR HEALTH PLAN	86033			
D 01/17/06	CIMARRON HEALTH PLAN (commercial)	CIMHP	NM		
	CITY OF AMARILLO	COA01			
	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			(**12 max lines FA0)
A 03/01/06	COAST HOTELS & CASINO, INC./DBA COAST BENEFITS	37310			
	COLONIAL HEALTHCARE	37123			
	COLORADO ACCESS HMO	COACC			
	COLORADO KAISER PERMANENTE	COKSR			(**12 max lines FA0)
	COLORADO KAISER PERMANENTE (COLORADO SPRINGS ONLY)	KSRCs			(**12 max lines FA0)
	COLUMBIA CORNELL CARE	25351			
	COLUMBIA UNITED PROVIDERS	91162			
	COMBINED BENEFITS, INC.	37271			
	COMMERCE BENEFITS GROUP	34181			
	COMMONWEALTH ADMINISTRATIVE GROUP	CATPA			
	COMMONWEALTH ADMINISTRATORS	CATPA			
	COMMUNITY CARE BEHAVIORAL HLTH ORG	25179			
	COMMUNITY CARE MANAGED HEALTH CARE	73143			
	COMMUNITY CARE PLUS	71079			
	COMMUNITY CHOICE OF MICHIGAN	38325			
	COMMUNITY FIRST	COMMF			All lines of business
	COMMUNITY FIRST – STAR HEALTH PLAN	COMMF			
	COMMUNITY HEALTH ALLIANCE	35193			
	COMMUNITY HEALTH ELEC. CLEARINGHOUSE (CHEC)	75261			
	COMMUNITY HEALTH CHOICE	48145			Please include TPI Number (Texas Medicaid Number) in Field FA0 23.
	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 HEALTH PLAN – NY	23742	NY	Yes	Certification # reqd contact (518) 783-1864 x 40422
	COMMUNITY PREMIER PLUS FOR NEIGHBORHOOD	32481			
	COMP - OHIO (AUSTINTOWN, OH)	34177			
	COMPREHENSIVE BENEFITS ADMINISTRATOR, INC.	03036			
	COMPUSYS OF COLORADO	COMPU	CO		
	CONFED ADMIN SERVICES, INC.	80667			
	CONNECTICARE	06105			
	CONNECTICUT GENERAL - MEDICAL CLAIMS	62308			
	CONNECTICUT GENERAL - MENTAL HEALTH CLAIMS	MCCBV			For claims with a mailing address in Eden Prairie, MN EDI Enrollment required call carrier
	CONSOCIATE GROUP (DECATUR, IL)	37135			
	CONSOLIDATED ASSOCIATES RAILROAD	75284			
	CONSOLIDATED GROUP/HPS	04274			
	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			
	CONTINUUM ABC MSO	13397			
	COOK CHILDREN'S HEALTH PLAN	CCHP1			
	COOPERATIVE BENEFIT ADMINISTRATOR	52132			
	CORE MANAGEMENT RESOURCES GP	58231			
	CORESOURCE OF AZ & MN	41045			
	CORESOURCE OF MD, PA, IL	35182			

	CORESOURCE OF NORTH CAROLINA	35180			
	CORESOURCE OF OHIO	35183			
	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.
	CORESTAR	41045			
	CORNERSTONE BENEFIT ADMINISTRATORS	35202			
	CORPORATE BENEFITS SERVICE, INC (NC)	56116			Payer ID valid only for claims submission address of PO Box 12953, Charlotte, NC 28220
	CORPORATE SYSTEMS ADMINISTRATION	37246			
	CORRECTIONAL MEDICAL SERVICES	43160			
	CORSOLUTIONS	48146			
	COUNTRY LIFE INSURANCE COMPANY	62553			
	COVENANT ADMINISTRATORS, INC. (ATLANTA, GA)	58102			
	COVENANT MGMT SYSTEMS EMPLOYEE BENEFIT PLAN	CMSEB			
	COVENTRY HEALTH CARE IOWA	25132	IA		
	COVENTRY HEALTH CARE KANSAS	25133	KS		
	COVENTRY HEALTH CARE NEBRASKA	25136	NE		
	COVENTRY HEALTH CARE OF CAROLINAS	25129			Carolina HMO providers only
	COVENTRY HEALTH CARE OF DELAWARE	25130	DE		
	COVENTRY HEALTH CARE OF GEORGIA	25127	GA		
	COVENTRY HEALTH CARE WICHITA	25134	KS		
	COVENTRY HEALTH LOUISIANA	25135	LA		
	COVENTRY- KANSAS CITY MEDICARE (ADVANTRA)	25144			
	CREATIVE MEDICAL SYSTEMS	64068			
	CREATIVE PLAN ADMINISTRATORS	37320			
	CUSTOM BENEFIT ADMINISTRATORS (LACROSSE, WI)	39170			
	CUSTOMCARE (PRUDENTIAL)	60054			
	DART MANAGEMENT CORP/DART CONTAINER CORP	DARTC		Yes	Please call Vicky Hanson at 800-248-0457, x2311, to enroll prior to submission.
	DEFINITY SERVICES	64159			
	DELAWARE HEALTH PLAN CONSORTIUM	63081	DE		
	DELAWARE PHYSICIANS CARE, INC.	27009			
	DELAWARECARE	25137			
	DELTA HEALTH SYSTEMS	DHS01			
	DENVER HEALTH MEDICAL PLAN	84135			
C 01/12/06	DEPARTMENT OF LABOR	77044	WA	Yes	Please see the Provider EDI Enrollment Packet at www.acs-gcro.com to enroll
A 02/03/06	DESTINY HEALTH PLAN	36436			
	DIRECTORS GUILD OF AMERICA – PRODUCER HEALTH PLAN	23706			
	DIVERSIFIED ADMINISTRATION	06102			
	DIVERSIFIED GROUP ADMIN	25160			
	DRISCOLL CHILDRENS HEALTH PLAN (CHIP)	DCHCH	TX		
	DSCC - DIVISION OF SPECIALIZED CARE FOR CHILDREN	37600			
A 03/01/06	DUNN AND ASSOCIATES BENEFITS ADMINISTRATORS	35186			
	EAGLE CREEK MEDICAL PLAZA	61101			
	EARLY INTERVENTION CENTRAL BILLING	36434			
	EATON BENEFITS,OH	62308	OH		
	EBA - CITY OF SAN ANTONIO	TTCEC			
	EBMC	CX025			
	EBMS (EMPLOYEE BENEFIT MANAGEMENT SVCS.)	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.
	EL PASO FIRST - MEDICAID - TX PREMIER PLAN (STAR HMO)	EPF02	TX	Yes	Receiver Type D Please contact Provider Relations @ (915)-532-3778, #1068, to enroll.
	ELLIS CONSULTANTS, INC.	ECISF			
	ELMCO	37253			
	EMERALD HEALTH NETWORK INC	34167			
	EMORYCARE (PRUDENTIAL)	60054			
	EMPHESYS	61101			
	EMPLOYEE BENEFIT CONCEPTS, INC.	38241			
	EMPLOYEE BENEFIT MANAGEMENT CORP.	CX025			
	EMPLOYEE BENEFIT SERVICES (SOUTH CAROLINA)	37216			Payer Address: 534 Rivercrossing Drive, Ft. Mill, SC 29715
	EMPLOYEE BENEFIT SERVICES OF LOUISIANA (A DIVISION OF HARRINGTON BENEFIT SVCS)	41198			**Louisiana only**

	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 PLAN ADMIN (E.B.P.A.)	03036			
	EMPLOYEE CLAIM ADJUDICATION SVCS	75184			
	EMPLOYEE PLANS, LLC	35112			
	EMPLOYEE SECURITY, INC.	54098			
C 02/17/06	EMPLOYERS COALITION ON HEALTH (ECOH)	MIDSC			EDI Trading Partner accepts a maximum of 6 line charges.
	EMPLOYERS DIRECT HEALTH	75232			(formerly First Integrated Health)
	EMPLOYERS DIRECT HEALTH (EMPLOYEE PLAN)	75236			
	EMPLOYERS DIRECT HEALTH (FULLY INSURED)	75235			
	EMPLOYERS DIRECT HEALTH (SELF FUNDED PLAN)	75233			
C 02/17/06	EMPLOYERS HEALTH COOPERATIVE (EHC)	MIDSC			EDI Trading Partner accepts a maximum of 6 line charges.
	EMPLOYERS INS. OF WAUSAU	39026			
	EMPLOYERS MUTUAL,INC.(FL)	59298	FL		
	ENCOMPASS	37110			
	ENCORE ENCORE	GTPA1			
	ENCORE HEALTH NETWORK	35206			
	ENH MEDICAL GROUP IPA	36364			
	ENSTAR NATURAL GAS G#P61	91136			Group # required
	EPO CHIP/MANAGED CARE	EPOTX			
	EPOCH GROUP	28777			
	EQUICOR-PPO	62308			(**12 max lines FA0)
	EQUICOR/EQUITABLE	62308			
	EQUIFAX / HEALTHCARE ADMIN (EHAS)	75196			
	EQUITABLE PLAN SERVICES	73126			
	ERIN GROUP ADMINISTRATORS	23250			
	ERISA	74234			(**12 max lines FA0)
	EVERGREEN HEALTH PLAN	58233			
	EXCLUSIVECARE	71412			
	FACS GROUP	37300			
	FAMILY HEALTH PARTNERS	43173			
	FAMILY HEALTH PLAN	96865			Six (6) Digit Provider number required in BA0.15. Please call Pam Campbell-Provider Relations at 419-251-0474 to obtain
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			
	FIDELIS CARE NEW YORK	11315			
	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).
	FIRST CAROLINA CARE	56196			
	FIRST CHOICE (CT)	14162			Provider ID required by Payer in Record FA0, Field 23.
	FIRST CHOICE HEALTH NETWORK	91131			
	FIRST CHOICE OF MIDWEST (PPO)	75138			
	FIRST GREAT WEST LIFE & ANNUITY INS CO	80705			(**24 max lines FA0)
	FIRST HEALTH	87043			(**12 max lines FA0)
	FIRST INTEGRATED HEALTH	75232			(**12 max lines FA0) (Now Employers Direct Health)
	FIRST OPTION HEALTH PLAN	22324			
	FIRST PRIORITY HEALTH	23241			
	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			Formerly "Willis Administra+F1171tive Services Corporation"
	FITZHARRIS & COMPANY, INC. (FARMINGDALE, NY)	11244			Payer ID valid only for claims with a submission address of P.O. Box 9182, Farmingdale, NY 11735
	FLEXCARE	60054			
	FLORIDA HEALTH CHOICE- WISCONSIN ONLY	AMS01	WI		
	FLORIDA HEALTH CHOICE/SELECT – WISCONSIN	AMS01	WI		
	FLORIDA HOSPITAL HEALTHCARE SYSTEMS	59321			
	FLORIDA HOSPITAL WATERMAN	48116			
	FLORIDA POWER & LIGHT (PRUDENTIAL)	60054			
	FLORIDA 1 ST	59276	FL		

	FMH BENEFIT SERVICES, INC	48117			
	FORD METER BOX COMPANY, INC.	37305			
	FORTIS BENEFITS INSURANCE COMPANY	70408			(**12 max lines FA0)
	FORTIS INSURANCE COMPANY	39065			(**12 max lines FA0)
	FOUNDATION HEALTH PLAN (SUNRISE FL)	55248			Payer ID changed from 59257 to 55248
	FOX-EVERETT – INGALLS SHIP BUILDING	64067			
	FOX-EVERETT, INC	64069			
	FOX VALLEY MEDICINE SITE 199	FVMCH			
	FOX VALLEY MEDICINE SITE 451	FVMC1			
	FREEDOM LIFE INSURANCE COMPANY OF AMERICA	62324			
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 BENEFIT COORDINATORS	59204			
	GALLAGHER BENEFIT ADMINISTRATORS (Now AAG – AMERICAN ADMINISTRATIVE GROUP)	37283			
	GALVESTON COUNTY INDIGENT HEALTH	30005			
	GATEWAY HEALTH PLAN	25169			
	G.E. GROUP LIFE ASSURANCE COMPANY	67815			
	GE GROUP ADMINISTRATORS, TEXAS	75238	TX		Texas Members only.
	GEHA	44054			
	GEHA MENTAL HEALTH CLAIMS	87726			Call 800-557-5745 for claim submission questions
	GEISINGER HEALTH PLAN	75273		Yes	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 .
	GENERAL AMERICAN LIFE INS CO	63665			(**12 max lines FA0)
	GENESEE COUNTY MEDICAL PLAN	16112			
	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 - NEW YORK (GROUP HEALTH,INC.	13551	NY		Payer requires assigned Provider ID be included on claims. Please contact Payer for appropriate Provider ID.
	GHI HMO SELECT	25531			
	GHP (GROUP HEALTH PLAN)	25141			
	GIC INDEMNITY PLAN	65099			License # required in BA0.24 (not UPIN#) 877-210-4083
	GILSBAR	07205			
	GLASSWORKERS HLTH & WELFARE	91136			Group # required
	GOLDEN RULE	37602			
	GOLDEN TRIANGLE PHYSICAIN ALLIANCE	GTPA1		Yes	Provider ID required. Contact (713) 843-6780 to obtain ID: GTPA ID in BA0-15 if Solo, or if Group in 2310B REF02.
	GOVERNMENT EMPLOYEES HOSP ASSOC	44054			
	GRADY HEALTHCARE	58204			
	GRANT PHYSICIANS PRACTICE ASSOCIATION	37234			
	GREAT LAKES HEALTH PLAN	95467			
	GREAT-WEST LIFE & ANNUITY INS CO	80705			(**24 max lines FA0)
	GROUP ADMINISTRATORS	36338			
	GROUP ADMINISTRATORS SELF FUNDED	GASA1			
	GROUP & PENSION ADMINISTRATORS	48143			
	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 Medical Claims Eastern Washington State. Please call (888)-767-4670 prior to first submission of production claims.
	GROUP HEALTH COOPERATIVE - WEST	91051			COMMERCIAL Medical 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, THE	64246			(**12 max lines FA0)
	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.
	HARMONY HEALTH PLAN OF ILLINOIS	36406			
	HARMONY HEALTH PLAN OF INDIANA	36405			
	HARRINGTON BENEFIT SERVICES	75196			Formerly "Centra".
	HARRINGTON BENEFIT SERVICES	95266			

	HARRINGTON BENEFIT SERVICES - OKLAHOMA	59142	OK		Formerly "Healthplan Services" (OK)
	HAS - HEALTH ADMINISTRATION SERVICES	34185			(**12 max lines FA0)
A 02/10/06	HAWAII MANAGEMENT ALLIANCE ASSOCIATION (HMAA)	48330			
	HCH ADMINISTRATION –PEORIA	37111			
	HCHA ALBQ – SELF FUNDED	37329			
	HCS – HEALTH CLAIMS SERVICE	82018			
	HDM BENEFIT SOLUTIONS	HDMCO			
	H.E.R.E.I.U. WELFARE PENSION FUNDS	37114			
	HCH ADMINISTRATION B721	HCHNM	NM		(CIMARRON) – Claims are printed and mailed on paper
	HEALTH ADMINISTRATION SERVICES	34185			(**12 max lines FA0)
	HEALTH ALLIANCE EXCLUSIVE	23172			
	HEALTH ALLIANCE MEDICAL PLANS	77950			
	HEALTH ALLIANCE PLAN OF MICHIGAN	38224	MI		(**12 max lines FA0)
	HEALTH AMERICA/HEALTH ASSURANCE/ADVANTRA	25126			
	HEALTH CARE ALLIANCE (SEARS)	60054			
	HEALTH CARE PAYER'S COALITION (TOLEDO, OH)	34193			
	HEALTH CARE SAVINGS	56142			
	HEALTH CHOICE OF NEW JERSEY	22345			
	HEALTH DESIGNS PLUS (HUDSON, OH)	34158			
	HEALTH ECONOMICS GROUP, INC.	16112			
	HEALTH ECONOMICS -MICS CORP	75196			
	HEALTH FIRST HEALTH PLANS	95019			
	HEALTH FIRST TPA – TYLER	75234	TX		
	HEALTH INSURANCE PLAN OF NEW YORK	55247	NY		
	HEALTH NET – CALIFORNIA (ENCOUNTERS)	95570	CA		Must submit with Health Net Submitter ID. Please contact Carol Petula at (916)-935-1252 to obtain Health Net Submitter ID.
	HEALTH NET-CALIFORNIA & OREGON	95567			
	HEALTH NET OF ARIZONA	38309			Payer ID changed from "AZHNT"
	HEALTH NETWORK AMERICA	20199			
	HEALTH NEW ENGLAND	04286			
	HEALTH PARTNERS - JACKSON, TENN.	62157			
	HEALTH PARTNERS – PA	80142			
	HEALTH PLAN MANAGEMENT	37221			
	HEALTH PLAN OF THE REDWOODS	94254			
	HEALTH PLEDGE HMO	95435			
A 01/18/06	HEALTH PLUS PHSB (BROOKLYN, NY)	11324			
	HEALTH RISK MANAGEMENT (HRM)	41170			
A 01/24/06	HEALTH SERVICES MANAGEMENT (HSM)	HSM01			Providers must register with HSM prior to submitting electronic claims. Please contact HSM at (800)-432-3640.
	HEALTH SERVICES PREFERRED) EMERALD HEALTH	34167			
	HEALTHCARE BENEFITS	84980			
	HEALTHCARE'S FINEST NETWORK	36335			
	HEALTHCARE MANAGEMENT ADMIN. (HMA)	HMA01			
	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
	HEALTHCOMP, INC	85729			
	HEALTHEASE	59608			
	HEALTHFIRST, INC	80141			All claims require a nine position Healthfirst Provider ID in the Rendering Provider Network Field. Please call Healthfirst at (888)-801-1660 to obtain the Provider ID.
	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 - KANSAS CITY, MO	43132	MO		
	HEALTHPLAN SERVICES (TAMPA ONLY)	59140	FL		
	HEALTHPLAN SERVICES- HARRINGTON	95266			
	HEALTHPLUS OF LOUISIANA	95009			
	HEALTHPOWER HMO	31106			
C 02/14/06	HEALTHSCOPE BENEFITS, INC	71063			Formerly "CNA Health Partners".
	HEALTHSCOPE BENEFITS, INC (REPRICING AR)	48153			
	HEALTHSMART PREFERRED CARE (HSPC)	HSPC1			Group Name and ID are required by HSPC
	HEALTHSOURCE OF NORTH TEXAS	75255	TX	Yes	Requires Healthsource Practice ID in BA0-15. Confirm ID at (800) 276-2654

	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, 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	CALL		Yes	Provider enrollment is required by the Payer. Please contact Sam Gutwillig at (914)-372-2291 to obtain Payer ID.
	HEALTHSPRING HMO	25193			An EDI application must be submitted prior to submitting claims. Please contact Provider Relations at (615)-291-7035 or visit www.myhealthspring.com to obtain an application. This Payer ID is not for PPO claims. Please note, the Payer ID has changed from HT001 back to 25193 effective 7/20/05.
	HEALTHSTAR, INC	36332			
	HEALTH VALUE MANAGEMENT	61101			
D 02/03/06	HEAVY & GENERAL LABORERS WELFARE	HGLWF			
	HERITAGE CONSULTANTS	59230			
	HERITAGE NATIONAL HEALTH PLANS	95378		Yes	Contact Payer at (866)-509-1593 for EDI enrollment.
	HERITAGE NEW YORK MEDICAL GROUP	11328			
	HERITAGE PHYSICIAN NETWORK (Houston) <i>Also see: Family Practice Assoc/Golden Triangle Phy</i>	HPN11	TX	Yes	(**12 max lines FA0) Provider ID Required- Contact (713) 843-6780 to obtain ID
	H.E.R.E.I.U. WELFARE PENSION FUNDS	23172			
	HFN- HEALTHCARES FINEST NETWORK	36335			
	HILLCREST BENEFIT ADMINISTRATORS	59347			
	HIP – HEALTH INSURANCE PLAN OF GREATER NEW YORK	55247		Yes	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 .
	HMA - HEALTHCARE MANAGEMENT ADM	HMA01			
	HMO BLUE	84980	TX		Receiver Type "G" (**32 max lines FA0)
	HMO BLUE TEXAS	84980	TX		Receiver Type "G" (**32 max lines FA0)
	HMO OF COLORADO	COHMO	CO		(**12 max lines FA0)
	HOMETOWN HEALTH NETWORK	34150			
	HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY (HORIZON BCBSNJ)	22099			
	HOTEL EMPLOYEES & RESTAURANT EMPLOYEES HEALTH TRUST	91136			Group # required
	HPN	HPN11		yes	(**12 max lines FA0) Provider ID required. Contact (713) 843-6780 to obtain ID
	HPR- HEALTH PLAN OF REDWOODS	94254			
	HPS PARADIGM, INC	58227			
	HRM CLAIM MANAGEMENT	41170			
	HUMANA, INC. (CLAIMS)	61101			
	HUMANA, INC. (ENCOUNTERS)	61102			
	HUMANA HEALTH PLANS OF OHIO	95348		Yes	**ChoiceCare – Cincinnati Platform Claims only** Please call 800-575-2333 to obtain provider ID.
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	68241			Please send all Payer claims to Aetna Payer ID 60054.
	ICM	37296			
	ICON BENEFITS ADMINISTRATORS (Now AAG – AMERICAN ADMINISTRATIVE GROUP)	75185			
	IDAHO MEDICAID	AIDID			Receiver Type "D"
	I.E. SHAFFER (WEST TRENTON, NJ)	22175			
	ILLINOIS CENTRAL HOSPITAL ASSOC.	36600			
	ILLINOIS MEDICAID (IDPA)	00621	IL	Yes	Receiver Type "D" Contact (312)-653-7954 EDI Hotline Number for Enrollment.
	ILLINOIS MEDICARE	00952	IL	Yes	Receiver Type "C" Contact (312)-653-7954 EDI Hotline Number for Enrollment.
	IMCARE	41600			
	INDECS CORPORATION	40585			
	INDIANA HEALTH NETWORK	35204			
	INDIANA PRO HEALTH NETWORK	35161			
	INFORMED, LLC	52196			
	INNOVATIVE HEALTHWARE SOLUTIONS	04320			
A 02/07/06	INS HEALTH SERVICES (IMMIGRATION HEALTH SERVICES)	VAICE			
	INSURANCE ADMINISTRATOR OF AMERICA, INC.	37279			

	INSURANCE CLAIMS SERVICES (BIRMINGHAM, AL)	63082			
	INSURANCE DESIGN ADMINISTRATORS	13315			
	INSURANCE MANAGEMENT SERVICES OF NEVADA	88006	NV		Located in Nevada
	INSURANCE MANAGEMENT SERVICES (IMS) OF TEXAS	IMSMS	TX		Located in Amarillo, Texas
	INSURANCE SERVICE OF LUBBOCK	ISL11	TX		(**12 max lines FA0)
	INSURER'S ADMINISTRATIVE CORPORATION	IAC01			
	INTEGRA ADMINISTRATIVE GROUP	51020			
A 01/01/06	INTEGRANET	INET1			(**12 max lines FA0) Provider ID required – contact (713)-843-6780 to obtain ID.
	INTEGRATED CARE NETWORK BY EMERALD	34167			
	INTEGRA GROUP	31127			
	INTEGRA GROUP - CHA	31129			
	INTEGRITY BENEFITS NETWORK	58200			
	INTERCARE HEALTH PLANS, INC.	37227			
	INTERFACE EAP	60280			
	INTERGROUP SERVICES CORPORATION	23287			
	INTERNATIONAL MEDICAL GROUP	IMGIN			
	INTERNATIONAL UNION OF OPERATING ENGINEERS, LOCAL 15	37269			
	INTERNATIONAL UNION OF OPERATING ENGINEERS, LOCAL 4 HEALTH & WELFARE FUND	37241			
	IOWA BENEFITS	41124			
	ISOL	ISL11			
	JF MOLLY & ASSOC	61271			
	JI SPECIALTY SERVICES, INC.	JISSP			
	JOHN ALDEN/ASSURANT HEALTH CARE SERVICE CORPORATION	41099			
	JOHN DEERE HEALTH CARE	95378		Yes	Contact Payer at (866)-509-1593 for EDI enrollment.
	JOHN HANCOCK	80314			
	JOHN P PEARL & ASSOCIATES	37215			
	JOPLIN CLAIMS	43178			
	JP FARLEY CORPORATION	34136			
	JSL ADMINISTRATORS	37272			
	KAISER FOUNDATION HEALTH PLAN OF NORTHERN CA REGION	94135			If you have any questions or need assistance prior to first submission of claims, and to obtain the Kaiser assigned site ID, please contact Cheryl G. Robinson at 866-285-0362
	KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA REGION	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 contact Kenya Neal at Kaiser (301)-625-2264.
	KAISER FOUNDATION PLAN OF GEORGIA	21313	GA		
	KAISER PERMANENTE (COLORADO PLANS ONLY EXCEPT COLORADO SPRINGS)	COKSR			
	KAISER PERMANENTE (COLORADO SPRINGS ONLY)	KSRCs			
A 01/24/06	KAISER PERMANENTE NORTHWEST	KS007			
	KAISER PERMANENTE (SO CAL ONLY)	KS001			
	KANAWHA INSURANCE CO.	57038			
	KELSEY-SEYBOLD	KELSE			FA0-57 must contain an 'S' or 'T' for the performing provider tax ID type
	KEMPTON COMPANY, KEMPTON GROUP ADM	73100			
	KENTUCKY HEALTH SELECT	63077	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			
	KPS HEALTH PLANS	KPS01			Payer Name changed from "Kitsap Physician Services".
	KLAIS & COMPANY	34145			
	LABOR & INDUSTRY (WASHINGTON)	LABOR			Receiver Type "B" Please download the Payer's EDI Submitter Enrollment Form at their website address, "www.lni.wa.gov/forms/pdf/24803laf.pdf".
	LAKE FOREST MANAGED CARE ASSOCIATES	37112			
	LAKESIDE HEALTH SERVICES	95415			
	LAKESIDE IPA	95416			
	LANDMARK HEALTHCARE	LNDMK			
	LEGGETT AND PLATT	75279			

	LIFE & HEALTH INSURANCE COMPANY OF AMERICA	98205			
	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 routing questions
A 01/03/06	LIFE INVESTORS INS CO OF AMERICA	LIIC3			Major Medical-PO Box 34310, Louisville, KY 40232, <u>Customer Service 866-792-7615</u> Cancer, Stroke, Heart Attack, Hospitalization, Intensive Care Coverage-PO Box 36580, Louisville, KY 40233, Customer Service 866-242-2806
	LIFE TRAC	41136			
	LIFEWISE OF OREGON, A PREMIER HEALTH PLAN	93093	OR		Oregon Claims only
	LINCOLN NATIONAL	61101			
	LINN COUNTY	75283			
	LIPA/AGATE RESOURCES	LIPA1		Yes	Please contact Denise Watts at (541)-585-2155, #1178, for EDI enrollment with Payer.
	LOCAL 135 HEALTH BENEFITS FUND (INDIANAPOLIS, IN)	35107			
	LOMA LINDA UNIVERSITY ADVENTIST	37267			
	LONDON HEALTH ADMINISTRATORS	37226			
	LOS ALAMOS TOTAL CARE (PRU)	60054			
	LOVELACE SALUD (NM 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	37292			
	MACNEAL HEALTH PROVIDERS - CHS	36334			Please call Payer at (708)-783-7100 prior to submission of claims.
	MAGNACARE	11303			
	MAGELLAN HEALTH SERVICES	01260			
	MAILHANDLERS	62413			
	MAILHANDLERS MENTAL HEALTH CLAIMS	87726			Call 800-557-5745 For claim submission questions
	MAMSI LIFE & HEALTH INS CO.	MA001			
	MANAGED CARE INDEMNITY	61101			
	MANAGED CARE SERVICES	35162			
	MANAGED HEALTH CARE SERVICES INDIANA	39186			
	MANAGED HEALTH NETWORKS (MHN)	22771			
	MANAGED HEALTH SERVICES WISCONSIN	39187			
	MANAGED PHYSICIAN NETWORK	93900			
	MANAGED PRESCRIPTION SERVICES	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			Payer ID changed from 68241.
	MARSH ADVANTAGE AMERICA	13310			Also known as "Seabury & Smith."
	MASHANTUCKET PEQUOT TRIBAL NATION	37121			
	MASSACHUSETTS MUTUAL	65935			
	MASTERS, MATES AND PILOTS PLAN	MMPHB			
	MATTHEW THORNTON HEALTH PLAN	02030		Yes	Provider ID required. Contact (603) 695-1419 to obtain ID
	MAYO MANAGEMENT SERVICES, INC.	41154			
A 04/11/06	MBA BENEFIT ADMINISTRATORS	CDTEC			
A 04/11/06	MBA OF WYOMING	CDTEC			
	MEDCOST BENEFIT SERVICES (MBS)	56205			
	MCARE	38264		Yes	Call Dawn for Network ID (734)-332-2497.
	MCC BEHAVIORAL CARE	MCCBV			
	MC CREARY CORPORATION	59331			
	M.D. – INDIVIDUAL PRACTICE ASSOC.	52148			
	MDNY HEALTHCARE	11338			
	MEDBENEFIXX INC	61101			
	MEDCOM	59231			
	MEDCONNECTION (MARRIOTT)	60054			
	MEDCOST, INC	56162		Yes	Provider ID required. Contact (800) 433-9178 x4189 to obtain ID
	MEDFOCUS	95321			
	MEDICA	94265		Yes	Unique 7 digit numeric Provider ID required- Contact Medica
	MEDICA CHOICE (ALLINA)	94265	MN		
	MEDICAID - IDAHO	AIDID	ID		
	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 - OREGON (OMAP)	AIDOR	OR		Receiver Type "D" Please view http://www.oregon.gov/dhs/admin/hipaa/testing_reg.shtml to download enrollment

	MEDICAID - TEXAS	86916	TX	Yes	Receiver Type "D" Contact (888) 863-3638 to enroll in EDI.
	MEDICAID - TX PREMIER PLAN (STAR HMO)	EPF02	TX	Yes	Receiver Type "D" Please contact Provider Relations @ (915)-532-3778, #1068, to enroll.
	MEDICAID - WASHINGTON	AIDWA	WA		Receiver Type "D" Please visit "www.acs-gcro.com" to download EDI Submitter Enrollment Form. In addition, please contact Provider Enrollment Department at (866)-545-0544 to obtain a required Medicaid number.
A 01/11/06	MEDICAL BENEFITS ADMINISTRATORS OF MARYLAND, INC.	37298			
	MEDICAL BENEFITS MUTUAL	74323			(**12 max lines FA0)
	MEDICAL CLAIMS SERVICE, INC.	04258			
	MEDICAL DEVELOPMENT INTERNATIONAL	52181			
	MEDICAL MUTUAL OF OHIO	29076			
	MEDICAL NETWORK OF COLORADO SPRINGS	CSMED	CO		
	MEDICAL PATHWAYS	33029			
	MEDICAL PLAN OF KANSAS CITY	61101			
	MEDICAL RESOURCE NETWORK	58203			
	MEDICAL SELECT MANAGEMENT	13375			Formerly Harris Meth Select. Contact: Dallas/Austin Pat Rassmussen (972) 866-1553; Houston/San Antonio Ken Tennison (972) 866-1622
	MEDICAL VALUE PLAN – MVP - OHIO	38224			
	MEDICARE 'B' - ALASKA	00831	AK	Yes	Receiver Type "C" Provider enrollment is required. Call Noridian Government Services EDI Support Services at (866)-849-7243.
	MEDICARE 'B' - ARKANSAS	00520	AR	Yes	Receiver Type "C" Enrollment required. Call (866)-582-3247 or download documents from the THIN website, http://www.thinedi.com/downloadforms.htm . If sending NSF or T0301 – enter Medicare's Submitter ID in BA0-02. If sending ANSI 4010 – enter Medicare's Submitter ID in Loop 1000A, NM 109.
	MEDICARE 'B' - DC METRO	00903	DC	Yes	Receiver Type "C" (**32 max lines FA0)
	MEDICARE 'B' – DELAWARE	00902	DE	Yes	Receiver Type "C" (**32 max lines FA0)
	MEDICARE 'B' - IDAHO	05130	ID	Yes	Receiver Type "C" Call CIGNA Medicare EDI Dept for enrollment (866) 520-4022.
	MEDICARE 'B' - ILLINOIS	00952	IL	Yes	Receiver Type "C". Contact (312)-653-7954 EDI Hotline Number for Enrollment.
	MEDICARE 'B' - LOUISIANA	00528	LA	Yes	Receiver Type "C" Enrollment required. Call (866)-582-3247 or download documents from the THIN website, http://www.thinedi.com/downloadforms.htm . If sending NSF or T0301 – enter Medicare's Submitter ID in BA0-02. If sending ANSI 4010 – enter Medicare's Submitter ID in Loop 1000A, NM 109.
	MEDICARE 'B' - MARYLAND	00901	MD	Yes	Receiver Type "C" (**32 max lines FA0)
	MEDICARE 'B' - MICHIGAN	00953	MI	Yes	Receiver Type "C" Contact (312)-653-7954 EDI Hotline Number for Enrollment.
	MEDICARE 'B' - NEW MEXICO	00521	NM	Yes	Receiver Type "C" Enrollment required. Call (866)-582-3247 or download documents from the THIN website, http://www.thinedi.com/downloadforms.htm .
	MEDICARE 'B' - OKLAHOMA	00522	OK	Yes	Receiver Type "C" Enrollment required. Call (866)-582-3247 or download documents from the THIN website, http://www.thinedi.com/downloadforms.htm .
	MEDICARE 'B' - OREGON	OR001	OR	Yes	Receiver Type "C" Provider enrollment is required. Call Noridian Government Services EDI Support Services at (866)-849-7243.
	MEDICARE 'B' - TEXAS	00900	TX	Yes	Receiver Type "C" (**32 max lines FA0) Contact: (866) 749-4302 to enroll in EDI.
	MEDICARE 'B' - WASHINGTON	WA001	WA	Yes	Receiver Type "C" Provider enrollment is required. Call Noridian Government Services EDI Support Services at (866)-849-7243.
	MEDICARE DMERC - REGION C (REGION C covers Alabama, Arkansas, Colorado, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas and the Virgin Islands.)	00885		Yes	Receiver Type "C" All DME providers must have a Medicare number issued by the National Supplier Clearinghouse (NSC). Also, Provider enrollment is required with DMERC EDI Dept, call (866)-749-4301 for enrollment. Please note, Ordering provider name and UPIN are required on every service line. For ANSI submitters enter in Loop 2420E NM1 and REF(1G). For T0301 submitters enter in FB1-14, 15 and 17.
A 02/07/06	MEDICARE DMERC - REGION D (REGION D covers Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Mariana Island, Missouri, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming.)	05655			Reference: http://thinedi.com/news/2006/february/cigna_gov_approve_dmerc.htm

	MEDICARE RAILROAD	00882		Yes	Receiver Type "C" Call TECHNICAL SUPPORT for enrollment (866)-749-4301. If sending NSF or T0301 - enter Medicare's Submitter ID in BA0-02. If sending ANSI 4010 - enter Medicare's Submitter ID in Loop 1000A, NM 109.
	MEDICARE 'B' – VIRGINIA	00904		Yes	Receiver Type "C" To enroll in EDI call (866) 749-4302 or visit www.trailblazerhealth.com for more EDI information.
	MEDICARE SMART	58228			
	MEDIGOLD	95655			Payer also known as "Mt. Carmel Health Plan".
	MEDIVERSAL	37304			
	MEDSOLUTIONS, INC.	62160			
	MEDSTAR PHYSICIAN PARTNERS	00243			
	MEGA LIFE & HEALTH INS. (STUDENT INSURANCE)	74227			
	MEGA LIFE & HEALTH INS. CO.	59221			
	MEMORIAL CLINICAL ASSOCIATES	MCA11	TX	Yes	(**12 max lines FAO) Provider ID required. Contact (713) 843-6780 to obtain ID
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			
A 02/10/06	MERCYCARE	39114			
	MERCY CARE PLAN	86052			
	MERCY HEALTH PLANS	MER11			Please call (800)-596-4315, #1, to obtain UPIN number required by Payer on claims.
	MERCY HEALTH PLAN OF NJ	22326	NJ	Yes	Provider ID required. Contact (800) 682-9091 to obtain ID
	MERIDIAN HEALTH CARE MANAGEMENT	77042			
	MESA MENTAL HEALTH	85035			
	METHODIST ASSOC HEALTH PLAN	62168			
	MET LIFE	87726			
	METRO ALLIANCE	82135			
	METROPOLITAN HEALTH PLAN	10850			
	METROPOLITAN LIFE INS CO	87726			
	METHODIST CARE	95420			Please send claims to Unicare Payer ID 80314.
	METROWEST HEALTH PLAN-PREFERRED CARE	MWP01			
	METROWEST STAR MEDICAID	MWS01			Receiver Type "D"
	MICHAEL REESE HMO	87726			
	MICHAEL REESE PHYSICIANS GROUP	37127			
	MID AMERICA HEALTH	43132	MO		Changed to Payer ID 25133 "or" 25147.
	MID AMERICA HEALTH (HEALTH NET)	25133			
	MID-AMERICA ASSOCIATES, INC.	37281			
	MID-ATLANTIC HEALTH SYSTEM	63079			
	MID-VALLEY CARENET, INC	31140			
	MIDLAND NATIONAL LIFE INSURANCE CO.	90956			
	MIDLANDS BENEFIT ADMINISTRATORS	47081			
	MIDLANDS CHOICE	47080			
A 02/03/06	MIDWEST GROUP BENEFITS	61146			
	MIDWEST HEALTH PLAN	MHP77			
	MIDWEST NATIONAL LIFE INS CO – TN	59224			
C 02/17/06	MIDWEST PREFERRED	MIDSC			EDI Trading Partner accepts a maximum of 6 line charges.
C 02/17/06	MIDWEST SECURITIES	MIDSC			EDI Trading Partner accepts a maximum of 6 line charges.
C 02/17/06	MIDWEST SECURITY ADMINISTRATORS (MSA)	MIDSC			EDI Trading Partner accepts a maximum of 6 line charges.
C 02/17/06	MIDWEST SECURITY INSURANCE CO. (MSIC)	MIDSC			EDI Trading Partner accepts a maximum of 6 line charges.
	MINNEAPOLIS PRUDENTIAL	60054			
	MISSISSIPPI SELECT HEALTH CARE	64088			Also doing business as Select Administrative Services (SAS).
	MISSOULA COUNTY MEDICAL BENEFITS PLAN	37275			
	MLINK	37265			
	MMS, LLC	62178			
	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 now sent electronically and no longer mailed to the Payer.
	MOLINA HEALTHCARE OF WASHINGTON	38336			
	MOMENTUM HEALTH SERVICES	72135			
	MONTEFIORE CONTRACT MANAGEMENT ORG.	13174			
	MOTION PICTURE INDUSTRY HEALTH PLAN	MPI01		Yes	Please contact Judy Taylor at (818)-769-0007, ext. 304, to enroll with Payer.
	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
	MONUMENTAL LIFE INS CO	MMLI3			Long Term Care only - PO Box 93019, Hurst TX, 76053. Call 866-745-3543 with claim questions.
	MOTOROLA, INC.	36111			
	MOUNTAIN MEDICAL (MMA)	COMMA			
	MOUNTAIN STATES ADMINISTRATIVE SERVICES	86040			
	MPE EMPLOYEE BENEFIT SERVICES, INC.	37233			
	MPLAN, INC/HEALTHCARE GROUP, LLC	95444			
	MT. CARMEL HEALTH PLAN	95655			Payer also known as "MEDIGOLD".
	MUTUAL BENEFIT LIFE (MBL)	70408			
	MUTUAL GROUP (THE)	70491			
	MUTUALLY PREFERRED	71412			
	MUTUAL ASSURANCE ADMINISTRATORS	37256			
	MUTUAL BENEFIT (WESTERN LIFE-FORTIS)	PH020			
	MUTUAL OF OMAHA	71412			
	MVP HEALTH PLAN OF NY	14165	NY	Yes	Call Carrier to enroll in EDI (800) 684-9286
	NAA - NORTH AMERICAN ADMINISTRATORS (NASHVILLE, TN)	65085			
	N.A.M.M.—NORTHERN CA	E3510	CA	Yes	Only claims from providers in Northern California. Please contact Reed Smoller at (510)-450-1500 for provider enrollment.
	N.A.M.M.—ILLINOIS	36398	IL		
	NAPERVILLE HEALTH CARE ASSOCIATES	NHCA1			
	NATIONAL ASSOC OF LETTER CARRIERS	53011			
	NATIONAL BENEFIT ADMINISTRATORS – NEW JERSEY	56175			
	NATIONAL BENEFIT ADMIN. – N.C.	56176			
	NATIONAL CLAIM ADMINISTRATION	37126			
	NATIONAL FINANCIAL INSURANCE COMPANY	90956			
	NATIONAL FOUNDATION LIFE INSURANCE COMPANY	98205			
	NATIONAL HERITAGE INS CO (NHIC)	86916	TX	Yes	Receiver Type "D" (**12 max lines FA0) Contact (888) 863-3638 to enroll in EDI
	NATIONAL RURAL ELECTRIC COOP (NRECA)	52132			
	NATIONAL RURAL LETTER CARRIER ASSOC (NALC)	53011			
	NATIONAL TEACHERS ASSOCIATION (NTA)				
C 02/03/06	NATIONAL TELEPHONE COOP ASSOC. (NTCA)	52103			Payer ID changed from "PV150".
	NATIONWIDE HEALTH PLANS	31417			
	NCAS - CHARLOTTE, NC	75191			
	NCAS - FAIRFAX, VA	75190			
D 02/21/06	NCAS - OWINGS MILL, MD.	52118			Payer ID changed to 75190 (NCAS - Fairfax, VA).
	NEIGHBORHOOD HEALTH PLAN	04293			
	NEIGHBORHOOD HEALTH PARTNERSHIP	95123			
	NEIGHBORHOOD HEALTH PROVIDERS	11325			
	NESIKA HEALTH GROUP	37255			
	NETCARE LIFE AND HEALTH INSURANCE	66055			
	NETWORK HEALTH SOLUTIONS	39144			
	NEW ENGLAND FINANCIAL	80705			
	NEW ERA LIFE	75281			
	NEW MARKET DIMENSIONS	65056			
	NEW YORK LIFE - LTC	NYL11			long term care claims
	NEW YORK MEDICAL IMAGING - MVP	14179	NY		
	NEW YORK NETWORK MANAGEMENT	11334			
	NEW YORK PRESBYTERIAN COMMUNITY HEALTH PLAN	48186			
	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 AMERICAN ADMINISTRATORS	64157			
	NORTH AMERICA BENEFITS NETWORK	34159			
	NORTH AMERICAN MEDICAL MGMT -- CA	E3510	CA		
	NORTH AMERICAN MEDICAL MGMT -- IL	36398	IL		
	NORTH TEXAS HEALTHCARE NETWORK	NTX11			(**12 max lines FA0)
	NORTHERN NEVADA TRUST FUND	88027			Please call (775)-826-7200 to verify if you should be sending claims to Northern Nevada Trust Fund.
C 02/03/06	NTCA (NATIONAL TELEPHONE COOP ASSOC.)	52103			Payer ID changed from "PV150".
	NTHN	NTX11			(**12 max lines FA0)
	NORTHWEST SUBURBAN IPA (ILLINOIS)	36346			

	NORTHWESTERN NATIONAL LIFE (RELIASTAR)	41045			
	NOVA HEALTH ADMIN. (GRAND ISLAND, NY)	16644			
	NOVASYS	71080			
	NORTH WEST LIFE	PH018			
	NORTHERN CALIFORNIA SHEET METAL WORKERS INSURANCE PLAN	38238			
	N.W. IRONWORKERS HEALTH & SECURITY HEALTH FUND	91136			Group # required
	N.W. ROOFERS & EMPLOYERS HEALTH & SECURITY TRUST FUND	91136			Group # required
	N.W. TEXTILE PROCESSORS	91136			Group # required
	NYHART	37299			
	NYMI OXFORD	14180			
	OCHSNER HEALTH PLAN	72127		Yes	Payer requires unique Provider ID for each practioner/provider; please contact Jill Brandt, OHP Provider Relations, at (504)-219-6682, or jill.brandt@ochsner-hmo.com.
	ODS HEALTH PLAN	13350			
	OEA CHOICE TRUST	13350			
	OFFICE OF ADMINISTRATOR, WASHINGTON DC	13310			
	OHIO HEALTH CHOICE, PPO	34189			Group Number is required. Payer ID valid only for claims with a billing submission address of PO Box 93538, Cleveland, , OH 44101 or PO Box 6086, Cleveland, OH 44101.
	OLYMPIC HEALTH MANAGEMENT SYSTEMS	91151			
	OMNICARE, A COVENTRY HEALTH PLAN	25150			For claims with Dates of Service AFTER 10/01/04.
	OMNICARE HEALTH PLAN OF MICHIGAN	38252			For claims with Dates of Service BEFORE 10/01/04. Claims sent to this Payer ID with Dates of Service after 10/01/04 will be rejected.
	ONE HEALTH PLAN (ALL 50 STATES)	80705			(**24 max lines FA0)
	ONE HEALTH PLAN OF CALIFORNIA, INC	95379			
	ONE HEALTH PLAN OF GEORGIA, INC	95569			
	ONE HEALTH PLAN OF ILLINOIS, INC	95388			
	OPERATING ENGINEERS LOCALS 302 & 612 HEALTH & SECURITY FUND	91136			Group # required
	OPTICARE EYE HEALTH NETWORK	56190			Rendering Network ID required by Payer in 2310B REF02 Field. Please contact Payer to obtain ID.
	OPTIMUM CHOICE INC - OCI	52148			
	OPTIMUM CHOICE OF THE CAROLINAS	52152			
	OPTION SERVICES GROUP	37125			
	OSF CARE ADVANTAGE	OSFMC			UPIN # must be present in BA0.15
	OSF HEALTH PLAN	OSFIL	IL	Yes	Please contact Payer to enroll for EDI submission.
	OSG - ST. THERESE PHYSICIAN ASSOC.	37116			
	OXFORD HEALTH PLANS	06111			
	P5 HEALTH PLAN SOLUTIONS OF UTAH	87068			
	PACIFIC GAS AND ELECTRIC (PG &E)	60054			
	PACIFIC LIFE & ANNUITY COMPANY	67466			
	PACIFICARE	95959			(**12 max lines FA0) Special enroll no longer required
	PACIFICARE BEHAVIORAL HEALTH	33053			
	PACIFICARE/SECURE HORIZONS	95959			
	PACIFICARE OF ARIZONA	95964			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 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	95962			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 (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 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 - 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 PPO -All States	95999			For Payable PPO Claims only. NOT for Pacificare/Secure Horizons HMO claims. For further questions you may inquire via email at edippoinfo@phs.com
	PACIFICARE WASHINGTON	95959			
	PACIFCSOURCE HEALTH PLANS	93029			
	PAPER PRINT	PRINT	ALL	Yes	Call our EDI Helpline for enrollment 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 HEALTH PLAN OF FLORIDA	65018			
	PCA STAR MEDICAID	61101			
	PCMC/ICSL ALLERGY	65000			
	PCMC/ICSL CHIROPRACTIC	65007			
	PCMC/ICSL DERMATOLOGY	65001			
	PCMC/ICSL GASTROENTEROLOGY	65003			
	PCMC/ICSL PODIATRY	65002			
	PEOPLES BENEFIT LIFE INSURANCE	PBLIC			Long Term Care only - PO Box 93019, Hurst TX, 76053. Call 866-745-3542 with claim questions.
A 03/16/06	PEOPLE'S HEALTH NETWORK	72126			
	PERSONALCARE	25146			
	PERSONAL PHYSICIAN CARE	34173			
D 03/01/06	PHA ADMIN. SERV	63088			Payer ID changed to "95183".
	PHA INSURANCE SERVICES	95183			
	PHIFER WIRE PRODUCTS, INC.	PHIF4			
	PHOENIX GROUP SERVICES (TEXAS)	75238			Payer Name changed to "GE Group Administrators, Texas".
	PHOENIX GROUP SERVICES	06143			
	PHOENIX HEALTHCARE	62153			
	PHOENIX HOME LIFE	67814			
	PHOENIX MUTUAL	67814			
	PHP TENNCARE	62155			
	PHYSICIANS CARE NETWORK (PCN)	57098			
	PHYSICIANS CARE NETWORK (ROCKFORD, IL)	36345			Rockford IL only
	PHYSICIANS HEALTH ASSOCIATION OF ILLINOIS	37136			
	PHYSICIANS HEALTH CHOICE - CLAIMS	PHCS1			Administered by Wellmed
	PHYSICIANS HEALTH CHOICE - ENCOUNTERS	PHCEN			Administered by Wellmed
	PHYSICIANS HEALTHCARE PLANS	65031			
	PHYSICIANS MUTUAL INSURANCE COMPANY	47027			
	PHYSICIANS PLUS INS. CORP	39156			
D 04/12/06	PIASC (SOUTHERN CALIFORNIA)	87056			
D 01/12/06	PIEDMONT ADMINISTRATORS	56151			Payer Claims should be submitted to Medcost Benefit Services Payer ID "56205".
A 02/03/06	PINNACOL ASSURANCE	CCIA1			Please contact Sandy Logstrom at (303)-361-4822 prior to submission of first claims.
D 02/03/06	PIPEFITTERS LOCAL 597	59700			
	PIPELINE INDUSTRY BENEFIT FUND (TULSA, OK)	73074			
	PITTMAN & ASSOCIATES	37224			
	PLANNED ADMINISTRATORS, INC.	37287			
	PM GROUP	67466			
	POLY AMERICA MEDICAL BENEFITS PLAN	32680			
	POMCO	16111			
	PPO OKLAHOMA	73159			a.k.a. Winterbrook Healthcare
	PPOM	38335			
	PPO PLUS, LLC	72148			
	PRACTICARE, INC.	04334			
	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	65088			
	PREFERRED COMMUNITY CHOICE	73145			
	PREFERRED HEALTH NETWORK (PHN)	35173			
	PREFERRED HEALTH PLAN	61106			
	PREFERRED HEALTH SYSTEMS	60110			
	PREFERRED PLUS OF KANSAS (PPK)	60110			
	PREFERRED NETWORK ACCESS, INC. (DARIEN, IL)	36401			Payer ID valid only for claims with a submission address of P.O. Box 2248, Darien, IL 60561
	PREFERREDONE (MN)	41147			
	PREMERA BLUE CROSS	00934	WA	Yes	Receiver Type "G" Enrollment required. Submitter/Provider may obtain THIN EDI Trading Partner Information Form at www.thinedi.com . Enrollment questions may be addressed to Premera at (800)-435-2715.
	PREMIER HEALTH NETWORK	37119			
	PREMIER HEALTH PLANS	MER11			
	PRESBYTERIAN HEALTH PLAN (Commercial)	PREHP	NM		Please add provider number in 2010AA REF02 "or" 2310B REF02. Provider number is 11 digits or less. Contact (888) 923-5757, #6 then #2 to obtain ID.

	PRESBYTERIAN SALUD!	PRESA	NM		Receiver type "D". Please add provider number in 2010AA REF02 "or" 2310B REF02. Provider number is 11 digits or less. Contact (888) 923-5757, #6 then #2 to obtain ID.
	PREVEA HEALTH INSURANCE PLAN	39185			
	PRIMARY HEALTH PLAN	PRIME			
	PRIMARY PHYSICIAN CARE, INC	56144			
	PRIME BENEFITS SYSTEM	61101			
	PRIME CARE HEALTH PLAN	UH015			
	PRIME VISION HEALTH PLAN	56190			Provider ID Required (800) 840-7032 in FA0.23
	PRIME WEST HEALTH PLAN	61604			
	PRIMESOURCE HEALTH NETWORKS	04320			
	PRINCIPAL HEALTHCARE	61271			
	PRINCIPAL MUTUAL LIFE INSURANCE CO	61271			(**12 max lines FA0)
	PRINT TO PAPER	PRINT	ALL	Yes	Call our EDI Helpline for enrollment 972-766-5480
D 04/12/06	PRINTING INDUSTRY OF S CA	87056			
	PRIORITY HEALTH	38217			Please call Wendell Broome at 616-975-8284 prior to submitting claims to obtain the pay to code
	PRISM - FIRST HEALTH	37303			
	PRISM NETWORK, INC.	37268			
	PRISM - UNIVERA	37315			
A 02/16/06	PRO CARE HEALTH PLAN, INC.	38329	MI		
	PRO HEALTH COMPCARE	31132			
	PROFESSIONAL BENEFIT ADMINISTRATORS, Inc. (Oak Brook, IL)	36331			
	PROFESSIONAL BENEFITS ADMINISTRATORS (CUYAHOGA FALLS, OH)	34176			Payer ID valid only for claims with a billing submission address of 2040 Front Street, Cuyahoga Fall, OH 44221. Payer requires the Group Policy Number on the claim, if available. If not available, please reflect "999999" in the Group Policy Number Field.
	PROFESSIONAL CLAIM ADMINISTRATORS	41163			
	PROFESSIONAL CLAIMS MANAGEMENT	37242			
	PROFESSIONAL RISK MANAGEMENT	34134			
	PROMINA	58226			
	PROVIDENCE CHOICE OPTION	PHP01			
	PROVIDENCE GOOD HEALTH PLAN	PHP01			
	PROVIDENCE PREFERRED OF WASHINGTON	91131			Now known as First Choice Health Network.
	PROVIDENT LIFE AND ACCIDENT INS	68195			
	PROVIDER NETWORKS OF AMERICA (PRONET)	51032			Group # required in DA0.10 or DA0.11
	PRUDENTIAL (ALL PLANS)	60054			
	PUGET SOUND BENEFITS TRUST	91136			Group # required
	PUGET SOUND ELECTRICAL WORKERS	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 NORTH CAROLINA	35172			
	QUAL CHOICE OF VIRGINIA	35171			
	QUAL-MED, COLORADO EPO	QMDCE	CO		
	QUAL-MED NEW MEXIIICO	QUANM	NM		
	QUAL-MED, PORTLAND (PO)	QMDPO	OR		
	QUALCARE, INC	23342			
	QUINCY HEALTH CARE MANAGEMENT, INC.	37129			
	RAILROAD MEDICARE	00882		Yes	Receiver Type "C". Call TECHNICAL SUPPORT for enrollment (866)-749-4301. If sending NSF or T0301 - enter Medicare's Submitter ID in BA0-02. If sending ANSI 4010 - enter Medicare's Submitter ID in Loop 1000A, NM 109.
	RANDMARK, INC	61101			
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			
	RIVER QUEST NETWORK, INC.	37129			
	RBMS, LLC	91176			
	RUSH PRUDENTIAL	68241			
	RUSH PRUDENTIAL HMO	36389			
	S & S HEALTHCARE STRATEGIES	31441			
	SAGAMORE HEALTH NETWORK	35164			
	SAMBA	37259			
	SANDIA TRIPLE OPTIONAL PLUS	60054			
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 HEALTHCARE	88030	TX	Yes	(**12 max lines FA0) 5 digit Scott/White ID must be in BA0-15 and/or 2310B REF02 if rendering provider is different. Contact (254) 298-3195 to obtain ID
	SEABURY & SMITH	13310			Also known as "Marsh Advantage America".
	SECURE HORIZONS (PACIFICARE)	95959			
	SECURE HEALTH PLANS OF GEORGIA, LLC	28530			
	SECURITY HEALTH PLAN	39045			
	SELECT ADMINISTRATIVE SERVICES (SAS)	64088			Also known as "Mississippi Select Health Care".
	SELECT BENEFIT ADMINISTRATORS OF AMERICA (ASHLAND, WI)	37282			
	SELECT BENEFIT ADMINISTRATORS (DES MOINES, IA)	42137			
	SELECT HEALTH OF SOUTH CAROLINA	23285			
	SELECTCARE	00014			
	SELECTCARE OF OKLAHOMA - TRIBUTE	SCOK1			
	SELECTCARE OF TX (BEAUMONT)	GTPA1			(**12 max lines FA0) Prpvider ID required - contact (713)-843-6780 to obtain ID.
	SELECTCARE OF TX (HOUSTON)	HPN11			(**12 max lines FA0) Provider 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) Provider ID required - contact (713)-843-6780 to obtain ID.
	SELF INSURED BENEFIT ADMINISTRATORS	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			
	SELF-FUNDED PLANS (OHIO)	34131			
	SENTARA HEALTH MANAGEMENT	54154			
	SENTINEL MANAGEMENT SERVICES	23249			
	SETON EMPLOYEE PLAN	SHEBP			For group ID's 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.
	SHARE HEALTH PLAN – ILL/HMO	UH005			
	SHARE HEALTH PLAN –ILL/PPO	UH006			
	SHASTA ADMINISTRATIVE SERVICES	75280			
	SHEET METAL WORKERS LOCAL 91	SMW91			
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			
	SIGNATURE HEALTH ALLIANCE	62159			
	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			
	SOONER HEALTH NETWORK (WISCONSIN)	AMS01			
	SOUND HEALTH (PROVIDENCE)	91131			Now known as First Choice Health Network.
	SOUTHCARE/HEALTHCARE PREFERRED	25147			
A 01/03/06	SOUTHERN BENEFIT SERVICES LLC	37318			
	SOUTHERN DESERT HEALTH (WISCONSIN)	AMS01			
A 03/01/06	SOUTHERN GROUP ADMINISTRATORS	56131			
	SOUTHERN HEALTH SERVICES	25128			
	SOUTHWEST SERVICE LIFE	37266			
	SOUTHWESTERN BELL (MEDICAL)	60054			
	SPECIAL RISK INTERNATIONAL	52190			
	SPOHN NETWORK	SPOHN	TX		
	ST. BARNABAS SYSTEM HEALTH PLAN	22240			
	ST. JOHN'S CLAIMS ADMINISTRATION	37264			
	ST. JOSEPH HEALTH FOUNDATION OF NO. CA	68033			
	ST. THOMAS MEDICAL NETWORK (GULFQUEST)	STM01			
	ST. THERESE PHYSICIAN ASSOC	37116			
	ST. VINCENT CATHOLIC MEDICAL CENTERS	13407			
	STAR HEALTH PLAN – COMMUNITY FIRST	COMMF			
D 04/14/06	STAR HMG	59225			
	STATE EMPLOYESS 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"; position 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, NM109 (ANSI Format).
	STAYWELL	14163			
	STERLING AND STERLING	06089			
	STERLING OPTION 1	91151			
	STONER AND ASSOCIATES (CINCINNATI, OH)	31121			Payer ID valid only for claims with a submission address of 205 West Fourth Street, #225, Cincinnati, OH 45202
	STOWE ASSOCIATES (ATLANTA, GA)	58128			Payer ID valid only for claims with a submission address of 2872 Woodcock Blvd., #200, Atlanta, GA 30341
	STUDENT INSURANCE DIVISION	74227			
	SUFFOLK HEALTH PLAN OF NEW YORK	88331			
	SUMMACARE HEALTH PLAN	95202			
	SUMMIT ADMINISTRATIVE SERVICES	66846		Yes	Please contact Payer for enrollment at 800-822-4470 x 3701
	SUMMIT AMERICA INSURANCE SERVICES	37301			
	SUNAMERICA LIFE INSURANCE COMPANY	90956			
	SUN TRUST BANK	60054			
	SUPERIOR BENEFITS	23218			
	SUPERIOR HEALTH PLAN	SHP11		Yes	(**32 max lines FA0) Contact 800-225-2573 Ext. 25550 to enroll in EDI.
	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 = BA0.12 or FA0.23, ANSI = 2010AA REF01 with a 1D Qualifier or 2310B REF02 with a 1D Qualifier).
	SUTTER - ALTA BATES MEDICAL GROUP (CLAIMS/ENCOUNTERS)	CALL		Yes	Please contact Sutter to enroll and to obtain Payer ID (800-611-5191).
	SUTTER - GOULD MEDICAL FOUNDATION (CLAIMS/ENCOUNTERS)	CALL		Yes	Please contact Sutter to enroll and to obtain Payer ID (800-611-5191).
	SUTTER - MEDICAL GROUP OF THE REDWOODS (CLAIMS/ENCOUNTERS)	CALL		Yes	Please contact Sutter to enroll and to obtain Payer ID (800-611-5191).
	SUTTER - SIP, SMG, SWMG (CLAIMS/ENCOUNTERS)	CALL		Yes	Please contact Sutter to enroll and to obtain Payer ID (800-611-5191).
	TARRANT HEALTH SERVICES	37228			
	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 (BEAUMONT)	GTPA1			(**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.
	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.
	TEXAS ASSOCIATION OF SCHOOL BOARDS (TASB)	TTASB			
	TEXAS CHILDRENS HEALTH PLAN	76048	TX		
	TEXAS CHILDRENS STAR MEDICAID	TXCSM		Yes	Receiver Type "F". Rendering Providers Secondary Identification Number which is the Texas State Medicaid Number. (TPI#) or Billing providers secondary identification number (TPI) when the billing is different than rendering. Enrollment Verification calls should be directed to 800-990-TCHP (8247)
	TEXAS HEALTH STEPS	86916	TX	Yes	Receiver Type "D" Contact (888)-863-3638 to enroll in EDI.
	TEXAS MUNICIPAL LEAGUE GROUP	74214	TX		
	TEXAS TRUE CHOICE	TTCEC			
	TRIAD HEALTHCARE, INC (PLAINSVILLE, CT)	39181			
	TX UNIVERSITY HEALTH PLAN – UPG COMMERCIAL	UPGUT	TX		
A 03/06/06	THE BOON GROUP	BOONG			
	THE CITY OF ODESSA	75600			
	THE EPOCH GROUP	28777			

	THE FORD METER BOX COMPANY, INC.	37305			
	THE INTEGRITY BENEFIT NETWORK, INC. (MARIETTA, GA)	58200			
	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 OATH – HEALTH PARTNERS OF ALABAMA	63092			
	THE PREFERRED HEALTHCARE SYSTEM-PPO	04320			
	THE TPA (BENESIGHT)	87265			
	THE UNION LABOR LIFE INSURANCE COMPANY (KING OF PRUSSIA, PA)	13142			
	THE WELLNESS PLAN	38200			Provider ID required in BA0, FIELD 15 Position 120-134
	THERAPHYSICS	THERA			(**12 max lines FA0)
	THERAPHYSICS- COLORADO ONLY	COTHE	CO		(**12 max lines FA0)
	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			
	TOTAL CARE (NEW YORK)	TCARE			
	TOUCHSTONE HEALTH/HEALTH NET SMART CHOICE	13402			
	TOWER LIFE INSURANCE	69493			
	TR PAUL, INC.	37230			
	TRANSAMERICA	59222			
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 ASSURANCE COMPANY	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.
	TRANSCOICE - KEY BENEFIT ADMINISTRATORS	37284			
	TRANSWESTERN INSURANCE ADMIN, INC.	TRAN1			
	TRIAD HEALTHCARE, INC. (PLAINVILLE, 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	TCUSA			
	TRUE CHOICE USA-CHRISTUS HEALTH PLAN	TCUCH			
	TRUSTEED PLANS SERVICE CORPORATION	91078			
	TRUSTMARK	61425			
	TTPA COMM	76054			
	TUFTS HEALTH PLAN	CALL			Please contact Tufts EDI Operations at (888)-880-8699, #4042, prior to submitting EDI claims.
	TX CHILDREN HEALTH PLAN	76048	TX		
	TX CHILDREN STAR MEDICAID	TXCSM	TX		
	TX PREMIER PLAN (STAR HMO) - MEDICAID	EPF02	TX	Yes	Receiver Type "D" Please contact Provider Relations @ (915)-532-3778, #1068, to enroll.

	TXEN ALTPROS	75206			
	UBH-RIOS	87726			Group number must be entered on claim. **Please note, payer ID changed from 16412 to 87726**
	UC CARE (UNIV. OF CA)	60054			
	UCSF/CSL PULMONARY	65006			
	UFCW	UFCW1	TN/ MS		Claims only processed for Local 1529 members located in Tennessee and Mississippi.
	UICI-ADMINISTRATORS - ST OF NEVADA	75245	NV		
	UICI-ADMINISTRATORS	75240			
A 02/03/06	ULTRA BENEFITS	04352			
	UMWA HEALTH & RETIREMENT FUNDS	52180			
	UNICARE INDIVIDUAL – SMALL GROUP	80314			License # required in BA0.24 (not UPIN#) 877-210-4083
	UNICARE - MAJOR ACCOUNTS	80314			License # required in BA0.24 (not UPIN#) 877-210-4083
	UNICARE - SPECIAL ACCOUNTS	80314			License # required in BA0.24 (not UPIN#) 877-210-4083
A 02/03/06	UNIFIED GROUP SERVICES	35198			
	UNIFIED HEALTH SERVICES	62170			
	UNIFORM MEDICAL PLAN/HARRINGTON	75243			
	UNIFORMED SERVICE FAMILY HEALTH PLAN	13407			
	UNION LABOR LIFE INSURANCE COMPANY (KING OF PRUSSIA, PA)	13142			
	UNION PACIFIC RAILROAD EMPLOYEES	87042			
	UNITED BEHAVIORAL HEALTH ***see notes ***	87726			Sixteen (16) digit ID and IS HMO business or 9 digit ID with MTH on card. Call 800-557-5745 if questions.
	UNITED BEHAVIORAL HEALTH –Employer division ***see notes***	UBHRI			Nine (9) digit ID, Not HMO or PPO business. Call 800-557-5745 if questions.
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 FURNITURE WORKERS INSURANCE	UFWIF			
	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 OF OMAHA	71412			
	UNITED PHYSICIANS OF N. COLORADO	84132	CO		
	UNITED RESOURCES NETWORK	41194			
	UNITED STATES LIFE INSURANCE COMPANY	13545			
	UNITEDHEALTHCARE	87726			
	UNITEDHEALTHCARE OF FLORIDA	87726			
	UNITY/PRECISION HEALTH PLANS	AMS01			(**12 max lines FA0)
	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 BENEFITS	93092			
	US/HEALTHCARE (HMO)	23222			Aetna Provider number Reqd
	USAA (UNITED STATES AUTOMOBILE ASSOC)	74095			Auto Claims only
	USFHP – ST. VINCENT CATHOLIC MEDICAL CENTER	13407			
	US FAMILY HEALTH PLAN (USFHP) - TEXAS AND LOUISIANA	USFHP		Yes	Please contact the USFHP Provider Relation Department at (713)-683-2018 to enroll as an EDI Submitter for professional claims.
	UTILMED	36369			
	UTMB- CHOICEONE CHIP	UHSCH	TX		
	UTMB HEALTHCARE SYSTEMS	76049		Yes	Contact (281) 652-8700 or (888) 388-1233 to obtain Unique Provider Billing Number (required in 2310B REF02).
	VA FEE BASIS PROGRAMS	12115			
	VALLEY BAPTIST HEALTH PLAN	94999			Payer ID changed from "VBHP1".
	VALLEY OF THE MOON	IP044			
	VALLEY PHYSICIANS, INC.	77004			
	VANTAGE HEALTH PLAN, INC.	72128			
	VARIAN HEALTH CARE PLAN	60054			
	VHP COMMUNITY CARE	23173			
	VICARE ADMINISTRATIVE SERVICES	54182			
	VISION CARE INCORPORATED	37297			
	VISTA HEALTH PLAN	55248			
	VYTRA HEALTHCARE	22264			Rendering Provider ID assigned by Payer required on claim. Please call Provider Service Line at (631)-420-4100, #4
	W.C. BEELER & COMPANY	62111			
	WAL-MART (BLUE CARD CARRIERS)	84980			Receiver Type "G" Patients have a "MRT" prefix before 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			
	WELL PATH OF CAROLINA	25129			
	WELLCARE HMO	14163	FL		Please note that all claims submitted require a 5-9 character Rendering Provider Network ID.
	WELLMED (CLAIMS)	WELM2			
	WELLMED (ENCOUNTERS)	WELMD			
	WELLMED/SECURE HORIZONS	WELM2			Payer ID only applies to WelMed Medical Management Members.
	WELS BENEFIT PLAN OFFICE	22925			
	WEST COAST STATIONARY ENGINEERS HEALTH & SECURITY TRUST FUND	91136			Group # required
	WESTERN CARE	70408			
	WESTERN GROWER'S INS. CO.	24735			
A 01/03/06	WESTERN HEALTH, INC.	37306			
	WESTERN MUTUAL INSURANCE	37247			
	WESTERN SOUTHERN FINANCIAL GROUP (CINCINNATI, OH)	31048			Payer ID valid only for claims with a submission address of: Benefit Department, P.O. Box 5735, Cincinnati, OH 45201-5735
	WESTLAKE FINANCIAL GROUP	WESTL			
	WEYCO	38232			
	WILLIAM J. SUTTON & COMPANY	98010			
	WILLIS ADMINISTRATIVE SERVICES CORP.	62061	TN		Name changed to "Fiserv - Kansas/Tennessee".
	WINHEALTH PARTNERS	WNHLT	WY		
	WINTERBROOK HEALTHCARE	73159			a.k.a. PPO Oklahoma
	WISCONSIN AUTO & TRUCK DEALERS INSURANCE PLAN	39200			
	WISCONSIN EMPLOYERS GROUP	61101	WI		
	WISCONSIN PHYSICIANS SERVICE GROUP HEALTH (WPS)	SX022			
	WOODMAN ACCIDENT AND LIFE COMPANY	81949			
	WORKERS' COMPENSATION	TWCCP	TX		
	WORKERS COMPENSATION (WASHINGTON L & I)	LABOR			Receiver Type "B"
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			
D 01/09/06	WPS HEALTH INS (CHAMPUS) (TX,LA,AR,OK)	REG06		Yes	Receiver Type "F" or "H" (**12 max lines FA0) Contact our HelpLine or Marsha Green (608)221-5056 to enroll. Champus will notify provider w/Auth # within 5 days of agreement.
C 04/14/06	WPS HEALTH INS (CHAMPUS) TRICARE WEST (Washington, Oregon, Idaho, California, Hawaii, Alaska, Wyoming, Montana, North & South Dakota, Utah, Colorado, Nevada, Arizona, New Mexico, Nebraska, Missouri, Iowa, Kansas, Minnesota and the western tip of Texas)	WESTR		Yes	Receiver Type "F" or "H" Contact (800)-782-2680 to enroll. Provider Enrollment Form may be obtained at www.wpsic.com.
	WPS PREVEA HEALTH PLAN	10159			
	WRITERS 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					