



THE HEALTH INFORMATION NETWORK
THIN PAYER LIST
 Institutional (UB)

Last Update	Payer Name	Payer Id #	*State Spec	Enroll Req'd	Additional Info
	ABC HEALTH PLAN OF NEW YORK	48185			
	ACCLAIM	64071			
	ACORDIA NATIONAL	87815			
	ACTIVA BENEFIT SERVICES, LLC	38254			Formerly Amway Corporation
	ADVANCED DATA SOLUTIONS, INC	58202			
	ADVANTRA/HEALTH AMERICA, INC.	25126			
	ADVICA/NORTHEAST GEORGIA HEALTH SYSTEM	13376			
	ADVOCATE HEALTH	65093			Please include Payer Sub ID in DA0-08 Record (Payer Claim Office Number). Call Payer at (800)-845-6592 for Sub ID.
	ADVOCATE HEALTH CENTERS	36320			
	AETNA INSURANCE COMPANY	60054			
	AFL-CIO FOOD & BEVERAGE DEALERS	34444			
A 11/06/02	AFTRA HEALTH FUND	13346			
	ALASKA CHILDREN'S SERVICES, INC.	91136			Please include Group Number when submitting claims.
	ALASKA LABORERS CONSTRUCTION INDUSTRY	91136			Please include Group Number when submitting claims.
	ALASKA PIPE TRADES	91136			Please include Group Number when submitting claims.
	ALASKA UNITED FOOD & COMMERCIAL WORKERS	91136			Please include Group Number when submitting claims.
	ALICARE	13550			
	ALL SAVERS	37602			
	ALLIANCE HEALTH PLAN (PENNSYLVANIA)	23251			
	ALLIANT HEALTH PLANS OF GEORGIA	58234			
	ALLIED BENEFITS SYSTEMS	37308			
	ALTA HEALTH STRATEGIES	87043			
	ALTERNATIVE TECHNOLOGY RESOURCES	37231		Yes	Contact Norbert Wagner to enroll (916) 231-0670
	AMALGAMATED LIFE INS. CO.	13550			
D 9/18/02	AMCARE	37252			
D 11/12/02	AMCARE HEALTH PLANS	76061			
A 10/3/02	AMERICAN COMMERCIAL BARGE LINES	37128			
C 11/18/02	AMERICAID /AMERIGROUP	26375			For Providers located in Ft Worth
C 11/18/02	AMERICAID /AMERIGROUP	26374			For Providers located in Houston
	AMERICAID COMMUNITY CARE (MARYLAND)	27517			
	AMERICAID COMMUNITY CARE (NEW JERSEY)	27516			
	AMERICAN COMMUNITY MUTUAL INS	60305			
	AMERICAN IMAGING MANAGEMENT	36369			
	AMERICAN LIFECARE	72099			
	AMERICAN POSTAL WORKERS UNION	44444			
A 9/11/02	AMERICAN REPUBLIC INSURANCE	42011			
	AMERICAN SERVICE LIFE INS. CO.	97055			
	AMERICHoice OF NEW JERSEY (MEDICAID NJ)	86047			
A 10/3/02	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			
A 10/3/02	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.
A 10/3/02	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
C 11/18/02	AMERIGROUP/AMERICAID	26375			For Providers located in Ft Worth
C 11/18/02	AMERIGROUP/AMERICAID	26374			For Providers located in Houston
A 11/15/02	AMERIHEALTH ADMINISTRATORS	23252			
	AMIL/ARIA	AMILR			
	AMYWAY CORPORATION	38254			Name changed to Activa Benefit Services, LLC
	ANTHEM HEALTH AND LIFE	80705			
D 11/12/02	APA PARTNERS	16140			
	ARKANSAS BEST CORPORATION	75278			

Last Update	Payer Name	Payer Id #	*State Spec	Enroll Reqd	Additional Info
	ASCENDIA HEALTHCARE MANAGEMENT	56192			
	ASSOCIATES FOR HEALTH CARE, INC	36326			
	ATHENS AREA HEALTH PLAN SELECT	95691			
	ATLANTICARE ADMINISTRATORS, INC.	22304			
	AUSTIN REGIONAL CLINIC EMPLOYEE BENEFIT PLAN	CMSEB			
	AUTOMOTIVE MACHINISTS	91136			Please include Group Number when submitting claims.
	AVERA HEALTH PLANS	46045			
	BANKERS UNITED LIFE (STUDENT DIV)	74227			
	BCBS/ NEW MEXICO (HCSC)	00790	NM		Receiver type "G"
	BCBS/ TEXAS (HCSC)	84980	TX		Receiver type "G"
	BELL ATLANTIC	68241			
A 11/18/02	BENEFIT CONCEPTS	51037			
A 10/3/02	BENEFIT MANAGEMENT SYSTEMS,INC	37212			
	BENEFIT PLAN	62413			
	BENEFIT PLAN ADMIN OF ST LOUIS MO	13310	MO		
	BENEFIT PLAN ADMINISTRATORS (BPA)	88027			
A 10/3/02	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 ADMINSTRATORS (ROANOKE, VA)	37118			
	BENEFIT PLAN MANAGEMENT, INC	37222			
	BENEFIT PLANNERS, INC.	74223			
A 10/3/02	BENEFIT SERVICES, INC (AKRON OH)	34178			
	BENEFIT SYSTEMS & SERVICES, INC	36342			
	BENEFIT TRUST LIFE	61425			Group # Required
	BENEFIRST	37125			
	BENESIGHT	87265			
	BETTER HEALTH PLANS, INC.	62183			
	BLUEGRASS FAMILY HEALTH	61124			
	BOILERMAKERS NAT'L HEALTH & WELFARE	36609			
	BOON-CHAPMAN BENEFIT ADMINSTRATORS	74238			
	BOTSFORD HEALTH PLAN (FARMINGTON, MI)	38324			
	BPS, INC.	48964			
	BROKERAGE CONCEPTS	51037			
	BROWN & BROWN BENEFITS	59069			
	BROWN & TOLAND MEDICAL GROUP	94316			
	C.N.Y. MANAGED CARE	16126			
	CAC (CLAIMS ADMINISTRATION CORP)	62413			
A 11/06/02	CANNON COCHRAN MANAGEMENT SERVICES, INC	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			
	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			
	CBSA	41124			
	CCN	33005			
	CEMARA ADMINISTRATORS, INC	37250			
	CEMENT MASON & PLASTERERS HEALTH	91136			
	CENTRA BENEFITS (DALLAS)	75243	TX		
	CENTRAL BENEFITS (HOUSTON)	75196	TX		
	CENTRAL BENEFITS LIFE	31118			

Last Update	Payer Name	Payer Id #	*State Spec	Enroll Reqd	Additional Info
	CENTRAL BENEFITS MUTUAL	31118			
	CENTRAL MASS HEALTH CARE	02041			
	CENTRAL RESERVE LIFE	34097			
	CENTRAL STATES HEALTH & WELFARE FUND	36215			
	CHA – COMMONWEALTH HEALTH ALLIANCE	23171			
A 9/23/02	CHAMP VA - HAC	84146			Champ VA – HAC is not associated with and does not process claims for TRICARE (formerly CHAMPUS).
	CHAMPUS – REGIONS 1,2,3,4,5,7,8,9,10,12	38520			
	CHC OF KANSAS CITY ADVANTRA	25144			
	CHEC - A SUBSIDIARY OF SPRINT	75261			
	CHIP-TX UNIVERSITY HEALTH PLAN (UPG)	UPGCH	TX		
	CHESAPEAKE LIFE INSURANCE CO	59223			
	CHRISTIAN BROTHERS SERVICES	61271			
	CHOICEONE- UTMB CHIP	UHSCH	TX		
	CIGNA- HMO/PPO/POS	62308			
	CIGNA/ ARIA PROVIDERS ONLY	CIGNR			ARIA PROVIDERS ONLY
	CIGNA FLEX CARE (NEW MEXICO ONLY)	62310	NM		
D 11/12/02	CIGNA HEALTHCARE FOR SENIORS, AZ MEDICARE	86033			
	CIMARRON HEALTH PLAN (Commercial)	CIMHP	NM		
	CIMARRON SALUD!	CIMSA	NM		Receiver type "D"
	CLAIM MANAGEMENT SERVICES, INC	39141			
	CNA	71063			
	CNA HEALTH PARTNERS REPRICING – AR	48153	AR		
	CNA MAILHANDLERS	62413			
	COLONIAL HEALTHCARE	37123			
	COLUMBIA CORNELL CARE	25351			
	COMMONWEALTH ADMINISTRATIVE GROUP	37237			
	COMMONWEALTH ADMINISTRATORS	CATPA			
	COMMUNITY CARE BEHAVIORAL HEALTH	25179			
	COMMUNITY CARE MANAGED HEALTH CARE	73143			
	COMMUNITY CARE PLUS	71079			
	COMMUNITY HEALTH ELECTRONIC CLAIMS (CHEC)	75261			
	COMMUNITY HEALTH PLAN	90010			
	COMMUNITY PREMIER PLUS	13374			
	COMMUNITY PREMIER PLUS FOR NEIGHBOR HLTH	32481			
	COMPREHENSIVE BENEFITS ADMINISTRATOR	03036			
	CONFEDERATION LIFE INS	80667			
	CONFED ADMIN SERVICES, INC.	80667			
	CONFEDERATION	80667			
	CONNECTICARE	06105			
	CONNECTICUT GENERAL (CIGNA)	62308			
	CONSECO SERVICES, LLC	35196			
	CONSOCIATE GROUP	37135			
D 9/04/02	CONSOLIDATED GROUP/TRAVELERS	04284		Yes	Group # Required
	CONSULTEC- NEW MEXICO Medicaid	CNTNM	NM		Receiver ID "D"
	COOPERATIVE BENEFIT ADMINISTRATOR	52132			
	CORPORATE BENEFIT SRVC OF AMERICA	41124			
	CORESOURCE OF NORTH CAROLINA	35180			
	COUNTRY LIFE INSURANCE COMPANY	62553			
	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			
	CREATIVE MEDICAL SYSTEMS	64068			
	CROWN LIFE	80705			
	CUSTOMCARE (PRUDENTIAL)	68241			
	DELAWARE HEALTH PLAN CONSORTIUM	63081	DE		

Last Update	Payer Name	Payer Id #	*State Spec	Enroll Reqd	Additional Info
	DELAWARECARE	25137			
	DIVERSIFIED ADMINISTRATION	06102			
	EAGLE CREEK MEDICAL PLAZA	61101			
D 11/12/02	EAPPEALSOLUTIONS, INC.	65009			
	EATON BENEFITS,OH	62308	OH		
	EBA	67466			
	EBMS (EMPLOYEE BENEFIT MGMT SERVICES)	81039			
	EHS GROUP HEALTH PLAN	98006			
D 11/12/02	ELDER HEALTH MARYLAND HMO, INC.	52192			
	ELECTRONIC TRANSMISSION CORP	75260			
	EMERALD HEALTH NETWORK (ALL PPO)	34167			
	EMERALD HMO	34555			
	EMORYCARE (PRUDENTIAL)	68241			
C 10/21/02	EMPHEYSYS	61101			Changed from Payer ID 73288.
	EMPLOYEE BENEFIT CONCEPTS, INC.	38241			
	EMPLOYEE BENEFITS PLAN ADMIN (E.B.P.A.)	03036			
	EMPLOYEE BENEFIT SERVICES	37216			
	EMPLOYEE PLANS, LLC	35112			
	EMPLOYEE SECURITY, INC.	54098			
	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			
	ENH MEDICAL GROUP IPA	36364			
	EQUICOR-PPO	62308			
	EQUICOR/EQUITABLE	62308			
	EQUITABLE (CIGNA)	62308			
	EQUIFAX / HEALTHCARE ADMIN (EHAS)	75196			
	ERIN GROUP ADMINISTRATORS	23250			
	EVERGREEN HEALTH PLAN	58233			
	EXCLUSIVECARE	71412			
	FAMILY HEALTH PARTNERS	43173			
	FEDERAL EMPLOYEE PROGRAM (TX FEP)	84980			
	FEDERATED MUTUAL	41041			
	FIRST CAROLINA CARE	56196			
	FIRST CHOICE (CT)	14162			
	FIRST GREAT WEST LIFE & ANNUITY INS CO	80705			
	FIRST HEALTH	87043			
	FIRST HEALTH STRATEGIES	87043			
	FIRST STATE HEALTH PLAN	63080			
	FIRSTCARE	94999	TX	Yes	Prov ID reqd (30-24 or 10-9) Must be: 9 alpha/numerics (1 st character must be a "1"), OR 7 numerics To obtain, call (800) 365-1051 (Susan at X6456 or Chris at X5141)
A 10/3/02	FIRSTGUARD HEALTH PLAN	90060			
	FLEXCARE (PRUDENTIAL)	68241			
	FLORIDA POWER & LIGHT (PRUDENTIAL)	68241			
	FLORIDA 1 ST	59276	FL		
	FLORIDA HOSPITAL WATERMAN	48116			
	FMH BENEFIT SERVICES, INC	48117			
	FORTIS BENEFITS INS COMPANY	70408			
	FORTIS WESTERN	70408			
A 10/3/02	FOUNDATION HEALTH PLAN (SUNRISE FL)	59257			
	FOX-EVERETT, INC	64069			
	FOX-EVERETT - INGALLS SHIP BUILDING	64067			
	GATEWAY HEALTH PLAN	25169			
	GEISINGER HEALTH PLAN	75273			
	GENERAL AMERICAN LIFE INS CO	63665			
	GEORGE WASHINGTON HEALTH PLAN	52098			
	GEORGIA HEALTH PLUS	58207			
	GEORGIA POWER MEDICAL BENEFITS	61271			
	GHI HMO SELECT	25531			
	GHI - NEW YORK (GROUP HEALTH,INC.	13551	NY		
C 12/03/02	GHP (GROUP HEALTH PLAN)	25141			
	GILSBAR, INC.	07205			
	GLASSWORKERS HEALTH & WELFARE FUND	91136			

Last Update	Payer Name	Payer Id #	*State Spec	Enroll Reqd	Additional Info
	GOLDEN RULE INS CO	37602			
	GOODYEAR TIRE AND RUBBER COMPANY	34025			
	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			
D 11/12/02	GROUP & PENSION ADMINISTRATORS	48143			
	GROUP HEALTH COOP/SO. CENTRAL WISCONSIN	39167			Claims
	GROUP HEALTH COOP/SO. CENTRAL WISCONSIN	39168			Encounters
	GROUP HEALTH COOPERATIVE OF PUGET	91051			
	GROUP HEALTH NORTH WEST	91121			
A 12/03/02	GROUP HEALTH PLAN	25141			
	GUARDIAN LIFE IN CO OF AMERICA	64246			
	H.A.C., INC	61101			
	HARRINGTON BENEFIT SERVICES	95266			
	HARRINGTON BENEFIT SERVICES, INC.	59142			
	HARVARD PILGRIM HEALTH CARE	04271		Yes	Contact Harvard at (800)724-8326x68988 for EDI enroll
	HCH ADMINISTRATION-PEORI	37111			
	HCH ADMINISTRATION- (Cimarron)	HCHNM	NM		
	H.E.R.E.I.U. WELFARE PENSION FUNDS	37114			
	HEALTH ALLIANCE OF MICHIGAN	38224			
	HEALTH ALLIANCE EXCLUSIVE & PLUS	23172			
	HEALTH ALLIANCE MEDICAL PLANS	77950			
D 9/18/02	HEALTH AND WELFARE FUND	34654			
	HEALTH ASSURANCE/HEALTH AMERICA, INC.	25126			
	HEALTH CARE ALLIANCE (SEARS)	68241			
	HEALTH CARE NETWORK OF WISCONSIN	42102	WI		
	HEALTH CARE PAYER'S COALITION (TOLEDO, OH)	34193			
	HEALTH CARE SAVINGS	56142			
	HEALTH DESIGN PLUS	34158			
	HEALTH ECONOMICS CORP	75196			
	HEALTH NET-CALIFORNIA	95567	CA		
	HEALTH NET-CALIFORNIA (ENCOUNTERS)	95568	CA		
	HEALTH ONE ALLIANCE	58216			
	HEALTH PARTNERS - JACKSON, TN	62157			
	HEALTH PARTNERS - PA	80142			
	HEALTH PLAN MANAGEMENT	37221			
	HEALTH PLAN SOUTHEAST - TALLAHASSEE	59256			
D 11/12/02	HEALTH PLANS, INC.	44273			
	HEALTH RISK MANAGEMENT, INC	41170			
	HEALTH SERVICES MEDICAL GROUP	16105			
	HEALTH SERVICES PREFERRED	34167			(EMERALD HEALTH)
	HEALTHCARE BENEFITS INC	84980			
D 9/04/02	HEALTHCHOICE	62182			
	HEALTHCHOICE OF CONN/YALE PREFFER	95376	CT		
	HEALTHGUARD OF LANCASTER	23226			
	HEALTHHELP NETWORK, INC (HHNI)	59087			
	HEALTHLINK HMO	96475			
	HEALTHLINK PPO	90001		Yes	PROV ID Reqd-Contact (314)989-6000 to obtain ID
	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			
	HEALTHPOWER HMO	31106			
A 10/16/02	HEALTHSMART PREFERRED CARE (HSPC)	HSPC1			GROUP NAME and ID are required by HSPC
A 10/3/02	HEALTHSCOPE BENEFITS, INC	71063			
A 10/3/02	HEALTHSCOPE BENEFITS, INC (REPRICING AR)	48153			
	HEALTHSOURCE OF NORTH TEXAS	75255	TX	Yes	Requires Healthsource Practice ID in BA0-15. Confirm ID (800) 276-2654
	HEALTHSOURCE PROVIDENT ADMINISTRATORS/INSURANCE	68195			
	HEALTHSOURCE, AR	71074	AR	Yes	PROV ID Reqd- Contact (800)831-6654 to obtain ID

Last Update	Payer Name	Payer Id #	*State Spec	Enroll Reqd	Additional Info
	HEALTHSOURCE, AR (MEDICARE HMO)	71075	AR	Yes	PROV ID Reqd- Contact (800)831-6654 to obtain ID
	HEALTHSOURCE, GA	58210	GA	Yes	PROV ID Reqd- Contact (800)909-2227 x5760 to obtain ID
	HEALTHSOURCE, IN	35167	IN	Yes	PROV ID Reqd – Contact payer to obtain ID
	HEALTHSOURCE, KY	61127	KY	Yes	PROV ID Reqd – Contact payer to obtain ID
	HEALTHSOURCE, MA	02041	MA	Yes	PROV ID Reqd – Contact payer to obtain ID
	HEALTHSOURCE, ME	01041	ME	Yes	PROV ID Reqd – Contact payer to obtain ID
	HEALTHSOURCE, NC	56147	NC	Yes	PROV ID Reqd – Contact payer to obtain ID
	HEALTHSOURCE, NH	02038	NH	Yes	PROV ID Reqd – Contact payer to obtain ID
	HEALTHSOURCE, NY	16126	NY	Yes	PROV ID Reqd – Contact payer to obtain ID
	HEALTHSOURCE, OH	31141	OH	Yes	PROV ID Reqd – Contact payer to obtain ID
	HEALTHSOURCE, SC	06119	SC	Yes	PROV ID Reqd – Contact payer to obtain ID
	HEALTHSOURCE, TN	62129	TN	Yes	PROV ID Reqd – Contact payer to obtain ID
	HEALTHSTAR, INC	36332			
	HEALTH VALUE MANAGEMENT	61101			
	HERITAGE NEW YORK MEDICAL GROUP	11328			
	HFN, INC.	36335			
	HIP – HEALTH INSURANCE PLAN OF GREATER NY	55247			
	HIP- NEW YORK STATE	13551	NY		
	HMO BLUE	84980	TX		"Receiver type "G"
	HMO BLUE/ARIA	HMOBR			
	HMO BLUE-MEDICAID	MDHMO	TX		"Receiver type "D"
D 11/12/02	HMO BLUE TEXAS/ARIA	HMBTR			Please send claims to Payer ID HMOBR
	HORIZON MERCY	22326			
	HOTEL EMPLOYEES & RESTAURANT EMPLOYEES	91136			Please include Group Number when submitting claims.
	HPLAN, INC	61101			
	HPS PARADIGM, INC	58227			
	HRM CLAIM MANAGEMENT	41170			
	HUMANA/ARIA	HUMAR			
	HUMANA, INC. (All CLAIM PLANS)	61101			
	IBA HEALTH & LIFE ASSURANCE CO.	38234			
	IBA SELF FUNDED GROUP	38234			
	IBI	41124			
	IBM MEDICAL PLANS	68241			
	IMCARE	41600			
	INDIANA HEALTH NETWORK	35204			
	INDIVIDUAL HEALTH INS CO	31053			
	INFORMED, LLC	52196			
A 10/3/02	INNOVATIVE HEALTHWARE SOLUTIONS	04320			
	INSTITUTES OF QUALITY	68241			
	INSURANCE CLAIMS SERVICES (BIRMINGHAM, AL)	63082			
A 10/3/02	INSURANCE DESIGN ADMINISTRATORS	13315			
	INTEGRA GROUP	31127			
	INTEGRATED CARE NETWORK (EMERALD)	34167			
	INTEGRITY BENEFIT NETWORK	58200			
	INTERCARE HEALTH PLANS, INC.	37227			
	INTER-COUNTY HEALTH PLAN	23252			
	IOWA BENEFITS, INC	41124			
	J.F. MOLLOY & ASSOCIATES	61271			
	JOHN ALDEN	41099			
	JOHN DEERE HEALTH CARE	95378		Yes	Contact payer at (309)-765-0548 for EDI enrollment.
	JOHN P PEARL & ASSOCIATES	37215			
	JOHNS HOPKINS MEDICAL SERVICES CORP	52123			
	JOPLIN CLAIMS	43178			
	JP FARLEY CORPORATION	34136			
	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	21313			
C 9/27/02	KAISER FOUNDATION HEALTH PLAN OF SO. CAL.	94134			Commercial Provider ID required by Kaiser. Please contact Tina C. Cheung at (626) 405-6404 or e-mail Tina.C.Cheung@kp.org prior to submitting claims.
	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			
	KANSAS CITY LIFE INSURANCE CO.	44030			
	KEMPTON COMPANY, KEMPTON GROUP ADM	73100			
	KENTUCKY HEALTH SELECT	63077	KY		
	KENTUCKY KARE (HUMANA)	61101	KY		
	KEPPEL AND COMPANY	37124			
	KEY BENEFIT ADMINISTRATORS, INC.	37217			

Last Update	Payer Name	Payer Id #	*State Spec	Enroll Reqd	Additional Info
	KEYSTONE MERCY HEALTH PLAN	23284			
	LAKESIDE HEALTH SERVICES	95415			
	LEGGETT AND PLATT	75279			
C 10/21/02	LINCOLN NATIONAL	61101			Changed from Payer ID 73288.
	LINCOLN NATIONAL (HUMANA)	61101			
A 10/3/02	LOCAL 135 HEALTH BENEFITS FUND (INDIANAPOLIS, IN)	35107			
	LONDON HEALTH ADMINISTRATORS	37226			
	LOS ALAMOS TOTAL CARE (PRUDENTIAL)	68241			
	LOVELACE HEALTH PLANS	62310			
	LOVELACE SENIOR PLANS	62310			
	MAGELLAN BEHAVIORAL HEALTH	MBH11		Yes	Must submit correct address for payer in DA1 record
	MAGELLAN BEHAVIORAL HLTH(ENCOUNTE	MBH22			
	MAHONING AND TRUMBALL	34103			Payer ID valid only for claims with a billing submission address of P.O. Box 230, Niles, OH 44446.
	MAILHANDLERS BENEFIT PLANS	62413			
	MAMSI LIFE AND HEALTH INSURANCE CO.	52148			
	MANAGED CARE SERVICES, LLC	35162			
	MANAGED CARE INDEMNITY, INC	61101			
	MANAGED PRESCRIPTION SERVICES, INC	61101			
A 10/3/02	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	68241			
	MASHANTUCKET PEQUOT TRIBAL NATION	37121			
	MATTHEW THORNTON HEALTH PLAN	02030		Yes	PROV ID Required-Contact (603) 695-1419 to obtain ID
	MAYO MANAGEMENT SERVICES, INC.	41154			
	MBS (MEDCOST BENEFIT SERVICES)	56205			
	MCARE	38264			
A 9/16/02	MCHENRY MEDICAL ASSOCIATES (IL)	36328			
	MD HEALTH PLAN	06118			
	MDNY HEALTHCARE	11338			
	MEDBENEFIXX, INC	61101			
	MEDCONNECTION (MARRIOT)	68241			
	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 PLAN OF KANSAS CITY, MO	61101	MO		
	MEDICAL RESOURCE NETWORK (MRN)	58203			
	MEDICAL VALUE PLAN- OHIO	38224	OH		
	MEDICAID - IL (HOSPITAL)	00121	IL	Yes	"Receiver type "D"
	MEDICAID- TX	86916	TX		"Receiver type "D"
	MEDICAID - TX (HMO-BLUE)	MDHMO	TX	Yes	"Receiver type "D" Contact (888) 863-3638 for EDI enroll
	MEDICAL BENEFITS MUTUAL	74323			
	MEDICAL VALUE PLAN- (OHIO) (MVP)	38224			
	MEDICARE 'A' - CO	00400	CO	Yes	"Receiver type "C"
	MEDICARE 'A' - IL	00131	IL	Yes	"Receiver type "C"
	MEDICARE 'A' - NM	00400	NM	Yes	"Receiver type "C"
	MEDICARE 'A' - TX	00400	TX	Yes	"Receiver type "C"
	MEDPLAN PPO	58216			
	MEDSOLUTIONS, INC.	62160			
	MEGA LIFE & HEALTH INS. (STUDENT DIVISION)	74227			
	MEGA LIFE & HEALTH INS. CO.	59221			
D 11/12/02	MEMPHIS MANAGED CARE	36193			
	MERCY HEALTH PLAN OF NJ	22326	NJ	Yes	PROV ID Reqd- Contact (800) 682-9091 to obtain ID
	MERIDIAN HEALTH CARE MANAGEMENT	77042			
	METHODIST ASSOC HEALTH PLAN	62168			
	METHODIST CARE	95420			
	METLIFE	87726			
	METRAHEALTH (UHC)	65978			
	METRAHEALTH ELECT	65978			
	METRAHEALTH HEALTHCARE NETWORK	65978			HMO/PPO
	METROPOLITAN LIFE INS CO (UHC)	65978			
	MICHAEL REESE HMO PLAN (HUMANA)	61101			
	MICHAEL REESE PHYSICIANS GROUP	37127			
	MID AMERICA HEALTH	43132			Formerly Healthnet – Kansas City, MO
	MID-ATLANTIC HEALTH SYSTEM	63079			

Last Update	Payer Name	Payer Id #	*State Spec	Enroll Reqd	Additional Info
	MID-ATLANTIC PSYCHIATRIC SERVICES	52148			
	MID-VALLEY CARENET, INC	31140			
	MID-WEST NAT'L LIFE & HEALTH	97055			
	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)
	MINNEAPOLIS PRUDENTIAL BUSINESS	68241			
	MISSISSIPPI SELECT HEALTHCARE	75203			
	MOLINA HEALTHCARE OF WASHINGTON	38336			
	MONTEFIORE CMO	13174			
A 10/3/02	MPLAN, INC/HEALTHCARE GROUP, LLC	95444			
	MUTUAL BENEFIT LIFE (MBL)	70408			
	MUTUAL GROUP (THE)	70491			
	MUTUAL OF OMAHA	71412			
	MUTUALLY PREFERRED	71412			
	MVP HEALTHPLAN- NEW YORK	14165	NY	Yes	Call Carrier to enroll in EDI (800) 684-9286
	MVP HEALTHPLAN- OHIO	38224			
	NALC/ AFFORDABLE	53011			
	NATIONAL ASSOC OF LETTER CARRIERS	53011			
	NATIONAL CLAIM ADMINISTRATION	37126			
	NATIONAL RURAL LETTER CARRIER ASSOC	71412			
	NATIONAL TRAVELERS LIFE COMPANY	37120			
	NCAS	75190			
	NEIGHBORHOOD HEALTH PLAN	04293			
	NEIGHBORHOOD HEALTH PROVIDERS	11325			
	NEW ENGLAND FINANCIAL	66893			Hospital claims containing "TN", "PSI", or "HPS" anywhere in the Group and Insured ID numbers may NOT be submitted to this Payer ID. Please use Payer ID 80705 instead.
	NEW WEST HEALTH PLAN	84141			
	NEW YORK HOSPITAL COMMUNITY HEALTH PLAN	13373			
A 10/3/02	NEW YORK PRESBYTERIAN COMMUNITY HEALTH PLAN	48186			
	NEW YORK STATE EMPLOYEES (EMPIRE)	65978			
	NGS AMERICAN, INC.	38225			
	NIPPON LIFE INSURANCE CO	81264			
	NORTH AMERICA BENEFITS NETWORK	34159			
	NORTHWEST SUBURBAN IPA (ILLINOIS)	36346			
	NOVA HEALTH ADMIN. (GRAND ISLAND, N.Y.)	16644			
D 11/12/02	NOVASYS HEALTH NETWORK	71080			
	NORTH TEXAS HEALTHCARE NETWORK	NTX11			
	NTHN	NTX11			
	N.W. IRONWORKERS HEALTH & SECURITY TRUST	91136			Please include Group Number when submitting claims.
	N.W. ROOFERS & EMPLOYERS HEALTH & SECURITY	91136			Please include Group Number when submitting claims.
	N.W. TEXTILE PROCESSORS	91136			Please include Group Number when submitting claims.
	NYLCARE ETHIX NORTHWEST	91135			
	NYLCARE HEALTH PLANS NORTHWEST	91166			
	ODS HEALTH PLAN	13350			
	OHIO HEALTH CHOICE, PPO	34189			
	OMNICARE HEALTH PLAN OF MICHIGAN	38252			
	ONE HEALTH PLANS (ALL 50 STATES)	80705			
	OPERATING ENGINEERS	91136			Please include Group Number when submitting claims.
	OPTIMUM CHOICE, INC.	52148			
	OPTIMUM CHOICE OF THE CAROLINAS	52152			
	OPTION SERVICES GROUP	37125			
	OUR LADY OF THE RESURRECTION P.A.	36365			
	OXFORD HEALTH PLANS	06111			
	PACIFIC MUTUAL	67466			
	PACIFICARE	95959			Special enrollment no longer required
	PACIFICARE/ARIA	PACIR			
	PACIFICSOURCE HEALTH PLANS	93029			
	PAPER PRINT	PRINT	ALL	Yes	Call our EDI Helpline to enroll 972-766-5480
	PARKLAND COMMUNITY HEALTH PLAN	66917			
	PARTNERS NATIONAL HEALTH	56152			
	PASSPORT HEALTH PLAN	61129			

Last Update	Payer Name	Payer Id #	*State Spec	Enroll Reqd	Additional Info
	PAYNET, INC.	37210			
	PCA OF TEXAS (HUMANA)	61101			
	PCA STAR MEDICAID	61101			
	PG & E (PACIFIC GAS & ELECTRIC)	68241			
	PHA ADMIN SERVICES	63088			
	PHOENIX GROUP SERVICES	06143			
	PHOENIX GROUP SERVICES (TEXAS)	75238			
	PHOENIX HEALTHCARE	62153			
	PHOENIX HOME LIFE	67814			
	PHP TENNCARE	62155			
A 10/3/02	PHYSICIANS CARE NETWORK (PCN)	57098			
C 9/16/02	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			
	PIEDMONT ADMINISTRATORS	56151			
	PINNACLE CLAIMS MANAGEMENT, INC.	24735			
	PIONEER LIFE INSURANCE CO.	35196			
	PIPELINE INDUSTRY BENEFIT FUND	73074			
	PM GROUP (PMG)	67466			
	POMCO	16111			
	PPOM	38335			
	PPO PLUS	59333			
A 10/3/02	PPO PLUS, LLC	72148			
	PREFERRED COMMUNITY CHOICE	73145			
	PREFERRED HEALTH NETWORK	35173			
	PREFERRED HEALTH PLAN	61106			
	PREFERREDONE (MN)	41147			
	PREMIER HEALTH NETWORK	37119			
	PREPAID HEALTH PLAN	16105			
	PRESBYTERIAN HEALTH PLAN (Commercial)	PREHP	NM		
	PRESBYTERIAN SALUD!	PRESA	NM		Receiver type "D"
	PRESCRIPTION BENEFITS, INC	61101			
	PREVEA HEALTH INSURANCE PLAN	39185			
	PRIMARY PHYSICIANCARE, INC.	56144			
	PRIME BENEFITS SYSTEMS INC	61101			
	PRIME HEALTH	61101			
	PRIME HEALTH MANAGEMENT SRVC	61101			
	PRIME HEALTH OF KANSAS	61101			
A 10/3/02	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
A 10/3/02	PROFESSIONAL CLAIM ADMINISTRATORS	41163			
	PROFESSIONAL CLAIMS MANAGEMENT	37242			
	PROMINA	58226			
	PRONET	51032		Yes	Group Number Required
	PROVIDENCE PREFERRED OF WASHINGTO	91131			
	PROVIDENT HEALTH PLANS	68195			
	PROVIDER NETWORKS OF AMERICA (Pronet)	51032		Yes	Group Number Required
	PRUCARE	68241			
	PRUDENTIAL (ALL PLANS)	68241			
	PUGET SOUND BENEFITS TRUST	91136			Please include Group Number when submitting claims.
	PUGET SOUND ELECTRICAL WORKERS TRUST	91136			Please include Group Number when submitting claims.
	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			
	RELIA STAR	41045			
	RENAISSANCE ACHS SUMMIT MEDICAID	95203			
	RIO GRANDE HMO	84980			
	RIVERQUEST NETWORK, INC.	37129			
	ROCKWELL INTERNATIONAL	75196			

Last Update	Payer Name	Payer Id #	*State Spec	Enroll Reqd	Additional Info
	ROONEY LIFE, INC	37602			
	ROSEMONT OF DES PLAINES, IL	36215			
	RUSH PRUDENTIAL	68241			
	RUSH PRUDENTIAL HEALTH PLANS	36389			
	SAGAMORE HEALTH NETWORK	35164			
	SANUS HMO/PPO (ST LOUIS)	63665			
	SCOTT & WHITE	88030	TX	Yes	(**12 max lines FA0) Unique Scott/White ID must be in record 30 field 24. Contact Mayra Martinez at (254) 298-3157 to obtain ID
	SEABURY & SMITH	13310			
	SECURE CARE OF IOWA	42142			
A 11/06/02	SECURE HEALTH PLANS OF GEORGIA, LLC	28530			
	SECURITY HEALTH PLAN	39045			
	SELECT BENEFIT ADMINISTRATORS	42137			Valid for this address only: POB 8339 DesMoines, IA 50301
	SELECT HEALTH OF SOUTH CAROLINA	23285			
	SELF-FUNDED PLANS, INC.	34131			
	SELF INSURED PLANS	36404			
	SENTARA HEALTH MANAGEMENT	54154			
	SETON EMPLOYEE PLAN	SHEBP			
	SETON HEALTH PLAN*****	SET11	*****	*****	THIN dropping to paper per Payer*****
	SETON HEALTH PLAN (CHIP)	SHPCH	TX		
	SETON HEALTH PLAN - STAR MEDICAID*****	SET22	*****	*****	THIN dropping to paper per Payer*****
	SLOAN'S LAKE MANAGED CARE	84096			
	SMA HEALTH PLANS	72112			
	SOUND HEALTH (PROVIDENCE)	91131			
	SOUTHEAST MEDICAL ALLIANCE	72112			
	SOUTHERN HEALTH SERVICES	25128			
	SOUTHWESTERN BELL	68241			
	SPECIAL RISK INTERNATIONAL	52190			
	SSM EXCLUSIVE CHOICE	95286			
	STARMARK	61425			
	STATE EMPLOYEES GROUP BENEFITS	72087			
	STATE FARM	31053			
	STERLING OPTION 1	91151			
	ST. BARNABAS SYSTEM HEALTH PLAN	22240			
	ST. THERESE PHYSICIAN ASSOCIATION	37116			
	ST. VINCENT CATHOLIC MEDICAL CENTERS OF NY	13407			
	SUMMACARE HEALTH PLAN	95202			
	SUN TRUST BANK	68241			
	SUPERIOR BENEFITS	23218			
	TEAMCARE	36215			
	TEAM CHOICE - PPO	75133			
	TEAM CHOICE - UMC	75134			
	TEXAS CHILDRENS HEALTH PLANS	76048			
	TEXAS HEALTH STEPS	86916	TX	Yes	Contact (888)-863-3638 to enroll in EDI. Receiver Type "D".
	TEXAS MUNICIPAL LEAGUE GROUP	74214	TX		
	TEXAS PLAN ADMINISTRATORS	TXP11		YES	Contact Amy Durham at 915-520-3865 to enroll in EDI
	TEXAS UNIV. HEALTH PLAN TTPA COMMERCIAL	TTPER			
	TEXAS UNIV. HEALTH PLAN UPG CHIP PROGRAM	UPGCH			
	TX UNIVERSITY HEALTH PLAN - TEENS TO TOTS	TTPCH	TX		
	THE INTEGRITY BENEFIT NETWORK	58200			
	THE MEGA LIFE & HEALTH INS. CO.	59221			
A 10/3/02	THE PREFERRED HEALTHCARE SYSTEM-PPO	04320			
	THE WELLNESS PLAN	38200			
	THIRD PARTY ADMINISTRATORS, INC.	37225			
	THIRD PARTY CLAIMS MANAGEMENT	06131			
A 10/3/02	THREE RIVERS HEALTH PLANS, INC	25175			
	TIME	39065			
	TMG LIFE INSURANCE CO	70491			
	TOOLING AND MANUFACTURING ASSOC	61425			
	TOWER LIFE INSURANCE	69493			
A 10/3/02	TRIAD HEALTHCARE, INC (PLAINSVILLE, CT)	39181			
	TRUSTMARK	61425			
	TTPA COMM	76054			
	TX CHILDREN HEALTH PLAN	76048			
	TX Health Care Information Council	YTHCIC			
	UC CARE (UNIVERSITY OF CA)	68241			

Last Update	Payer Name	Payer Id #	*State Spec	Enroll Reqd	Additional Info
	UICI-ADMINISTRATORS - ST OF NEVADA	75245			
	UMWA HEALTH & RETIREMENT FUNDS	52180			
	UNICARE INDIVIDUAL – SMALL GROUP	80314			Previously Payer ID 47195. 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	65099			License # required in BA0.24 (not UPIN#) 877-210-4083
	UNIFIED HEALTH SERVICES	62170			
	UNIFORM MEDICAL PLAN	75243			
	UNIFORMED SERVICE FAMILY HEALTH PLAN	13407			
D 11/12/02	UNION PACIFIC RAILROAD EMPLOYEES	87042			
	UNITED HEALTHCARE OF FLORIDA	59129			
	UNITED OF OMAHA	71412			
	UNITED MEDICAL RESOURCES	31107			
	UNITEDHEALTHCARE (METRAHEALTH)	65978			
	UNITEDHEALTHCARE (TRAVELERS)	87726			
	UNIVERA HEALTH - SOUTHERN TIER	16108			
	UNIVERA HEALTHCARE	16107			
	UNIVERSAL CARE - TENNESSEE	33002			
	UNIVERSITY HEALTH PLAN	58248			
	UNIVERSITY HEALTH PLAN (MEDICAID)	58247			
	UNIVERSITY HEALTH PLANS OF GEORGIA	58246			
	UNIVERSITY OF WASHINGTON STUDENTS	91136			Please include Group Number when submitting claims.
	UPMC HEALTH PLAN	23281			
	UPPER PENINSULA HEALTH PLAN	38337			
	US/HEALTHCARE (HMO)	23222			
	USC HEALTH SERVICES	USC11			
	USFHP – ST. VINCENT CATHOLIC MED CENTERS	13407			
	USI ADMINISTRATORS	23217			
	USAA (UNITED STATES AUTOMOBILE ASSOC)	74095		Yes	Contact (281)652-8700 or 8932 to obtain Network ID ** Required in FA0-23 Auto claims only
	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).
	VALLEY BAPTIST HEALTH PLAN	VBHP1			
	VARIAN HEALTH CARE PLAN	68241			
	VISTA HEALTH PLAN	55248			
	VHP COMMUNITY CARE	23173			
	VYTRA HEALTHCARE	22264			
	WAL-MART	75257			
	WAL-MART (Blue Card Carriers)	84980			Receiver type "G" Patients have a "MRT" prefix before their ID#
A 11/06/02	WATKINS ASSOCIATED INDUSTRIES, INC.	58082			
	WAUSAU INS CO	39026			
	WEA INSURANCE GROUP	39151			
	WEB TPA	75261			
	WELLCARE (CT/NY only)	14164	CT/NY		Please note that all claims submitted require a 5-9 character Rendering Provider Network ID.
	WELLCARE HMO	14163			Please note that all claims submitted require a 5-9 character Rendering Provider Network ID.
	WELL PATH OF CAROLINA, INC.	25129			
A 9/12/02	WELLMED MEDICAL	WELM2			
	WEST COAST STATIONARY ENGINEERS	91136			Please include Group Number when submitting claims.
	WESTERN CARE	70408			
	WESTERN LIFE INS CO	70408			
	WEYCO	38232			
	WILLIS ADMINISTRATIVE SERVICES CORP.	62061	TN		
	WILLIS COROON	62061	TN		Name changed to Willis Administrative Services Corp.
	WORLD INSURANCE COMPANY	75276			
	WRITER'S GUILD	62413			
	WRITERS' GUILD INDUSTRY HEALTH PLAN	23710			
	YALE NEW HAVEN HEALTH - MSO INC	06121			
	YOUNGSTOWN AREA ELECTRICAL WELFARE FUND	34083			
	YALE PREFERRED HEALTH	95376			
	1199 NATIONAL BENEFIT FUND	13162			

Last Update	Payer Name	Payer Id #	*State Spec	Enroll Req	Additional Info

CHANGE OF INFORMATION

- ID** = Payer ID has changed
- A** = Added New Payer
- C** = Change to original info
- ****** = New message/additional info noted
- D** = Deleted payer

* State Specific is for Providers within that state "ONLY"

**Questions Call our
EDI Hotline 312-653-7954 (THIN)**