



THE HEALTH INFORMATION NETWORK
THIN PAYER LIST
Professional (NSF)

Last Update	Payer Name	Payer Id#	*State Spec.	Enroll Reqd	Additional Information
	ABC HEALTH PLAN	48185			
	ACCESS PLUS (UTMB)	76049		Yes	Prov ID Reqd- Contact (281) 652-8700 to obtain ID ** must be in FA0-23
	ACCLAIM	64071			
	ACORDIA NATIONAL	87815			
	ACS CONSULTING SERVICES, INC.	72467			
	ACTIVA BENEFIT SERVICES, LLC	38254			Formerly Amway Corporation
	ADMAR CORPORATION	95285			
	ADVANCED DATA SOLUTIONS, INC	58202			
	ADVANTRA/HLTH AMERICA INC	25126			
	ADVICA – NEW YORK HOSPITAL COMMUNITY HEALTH PLAN	13373			
	ADVICA/NORTHEAST GEORGIA HEALTH SYSTEM	13376			
	ADVOCATE HEALTH (PHO'S)	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			
	AFFINITY	IP093			
	AFL-CIO FOOD & BEVERAGE DEALER'S	34444			
A 11/06/02	AFTRA HEALTH FUND	13346			
	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			
	ALL SAINTS/COVENANT-MILWAUKEE, WI	39160		Yes	Contact Karen Mills (414) 256-5705 to enroll in EDI
	ALLIANCE/ALLIANCE SELECT	ALNCE			
D 11/11/02	ALLIANCE HEALTH NETWORK	96218			
	ALLIANCE HEALTH PLAN (PENNSYLVANIA)	23251			
	ALLIANCE PPO, INC.	52149			
	ALLIANCE SELECT	81400			
	ALLIANT HEALTH PLANS (GEORGIA)	58234	GA		
	ALLIED BENEFITS SYSTEMS	37308			
	ALTA BATES MED GRP/EAST BAY MED	IP064			
	ALTERNATIVE TECHNOLOGY RESOURCES (ATR)	37231		Yes	Contact Norbert Wagner to enroll (916) 231-0670
	AMALGAMATED LIFE	13550			
D 9/18/02	AMCARE	37252			
	AMCARE HEALTH PLANS	76061			
C 11/18/02	AMERICAID /AMERIGROUP	26375	TX		For Providers located in Ft Worth
C 11/18/02	AMERICAID /AMERIGROUP	26374	TX		For Providers located in Houston
C 11/18/02	AMERIGROUP/AMERICAID	26375	TX		For Providers located in Ft Worth
C 11/18/02	AMERIGROUP/AMERICAID	26374	TX		For Providers located in Houston
	AMERICAID COMMUNITY CARE(MARYLAND)	27517	MD		
	AMERICAID COMMUNITY CARE(NEWJERSEY)	27516	NJ		
A 10/3/02	AMERICAN COMMERCIAL BARGE LINES	37128			
	AMERICAN COMMUNITY MUTUAL INSURAN	60305			
	AMERICAN CHIROPRACTIC NETWORK	ACN01			
	AMERICAN INTERNATIONAL GROUP, INC.	13311			
	AMERICAN LIFECARE	72099			
	AMERICAN MEDICAL SOCIETY	AMS01			
	AMERICAN POSTAL WORKERS UNION	44444			
A 9/11/02	AMERICAN REPUBLIC INSURANCE	42011			
	AMERICHoice OF NEW JERSEY (MEDICAID NJ)	86047			

Last Update	Payer Name	Payer Id#	*State Spec.	Enroll Req	Additional Information
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
A 11/15/02	AMERIHEALTH ADMINISTRATORS	23252			
	AMERIHEALTH HMO NEW JERSEY AND DELAWARE	23037			
	AMERIHEALTH MERCY HEALTH PLAN	22248			Contact AmeriHealth(800)521-6007 to enroll in EDI
	AMERIKIDS- FORT WORTH	26375	TX		
	AMERIKIDS -HOUSTON	26374	TX		
	AMIL/ARIA	AMILR			
	AMS - AMERICAN MEDICAL SECURITY	AMS01			
	AMWAY CORPORATION	38254			Name changed to Activa Benefit Services, LLC
	ANTHEM HEALTH AND LIFE	80705			(**24 max lines FA0)
	APA PARTNERS	16140			
	ARAZ	16120			
	ARCADIAN MGMT SERVICES	AMS11			
	ARIZONA HEALTH CONCEPTS	53172			
	ARKANSAS BEST CORPORATION	75278			
A 12/02/02	ASSOCIATED THIRD PARTY ADMINISTRATION	ATPA1			
	ASSOCIATES FOR HEALTH CARE, INC	36326			
	ATHENS AREA HEALTH PLAN	95691			
	ATLANTICARE ADMINISTRATORS, INC.	22304			
	ATLANTIS HEALTH PLAN	13853			
	ATLAS ADMINISTRATORS	ATLAD			USA MCO Provider Network
A 12/02/02	ATPA	ATPA1			
	AURORA ASSOCIATED PHYSICIANS INC	PHD01			(**12 max lines FA0)
	AUSTIN REGIONAL CLINIC EMPLOYEE BENEFIT PLAN	CMSEB			
	AVERA HEALTH	46045			
	BANKERS UNITED LIFE (STUDENT DIV)	74227			
	BELL ATLANTIC	68241			
	BCBS / NEW MEXICO (HCSC)	00790	NM		(**39 max lines FA0) **Receiver type "G"
	BCBS / TEXAS (HCSC)	84980	TX		(**32 max lines FA0) **Receiver type "G"
A 11/18/02	BENEFIT CONCEPTS	51037			
A 12/09/02	BENEFIT MANAGEMENT SERVICES	37220			
A 10/3/02	BENEFIT MANAGEMENT SYSTEMS, INC	37212			
	BENEFIT PLAN ADMIN OF ST LOUIS	13310			
	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 ADMINISTRATORS (ROANOKE, VA)	37118			
	BENEFIT PLAN (CNA)	62413			
	BENEFIT PLAN MANAGEMENT	37222			
	BENEFIT PLANNERS, INC.	74223			
A 10/3/02	BENEFIT SERVICES, INC (AKRON OH)	34178			
A 9/06/02	BENEFIT SYSTEMS, INC	37211			
	BENEFIT SYSTEMS & SERVICES, INC (BSSI)	36342			(**12 max lines FA0)
	BENEFIT TRUST LIFE	61425			GROUP # REQUIRED
	BENEFIRST	37125			
	BENESIGHT (THE TPA)	87265			
	BETTER HEALTH PLANS, INC.	62183			
	BLUEGRASS FAMILY HEALTH	61124			
A 12/09/02	BMS	37220			
	BOILERMAKERS NAT'L HEALTH & WELFARE	36609			
	BOON-CHAPMAN BENEFIT ADMINISTRATORS	74238			(**12 max lines FA0)
	BOTSFORD HEALTH PLAN	38324			

Last Update	Payer Name	Payer Id#	*State Spec.	Enroll Req'd	Additional Information
	BPS, INC.	48964			
	BREATHCO/CSL PULMONARY	65005			
	BROKERAGE CONCEPTS	51037			
	BROWN & TOLAND MEDICAL SERVICES	94316			
	BROWN AND BROWN BENEFITS	59069			
D 11/12/02	BUENAVENTURA MEDICAL GROUP, INC.	50240			
A 11/06/02	CANNON COCHRAN MANAGEMENT SERVICES, INC.	37105			
A 10/3/02	C&O EMPLOYEES HOSPITAL ASSOCIATION	23708			
	C.N.Y. MANAGED CARE	16126			
	CAC (CLAIMS ADMINISTRATION CORP)	62413			
	CALIF CARE (HUMBOLDT DEL NORTE)	IP059			
	CAPE HEALTH PLAN	38245			
	CAPITAL BLUE CROSS/CAIC	23045			
	CAPITOL ADMINISTRATORS	68011			
	CARE CHOICES HMO*	HM037		Yes	Call our HelpLine (972) 766-5480
	CARE PARTNERS	43172		Yes	Contact Care Partners (800)684-5502 to enroll for EDI
	CAREFIRST ADMINISTRATORS - MARYLAND	52118			
	CARELINK ADVANTRA	25139			
	CARELINK HEALTH PLAN	25139			
	CARELINK MEDICAID	25140			
	CARENET	25142			
	CARITEN HEALTHCARE	62073			
	CARITEN SENIOR HEALTH	62072			
	CAROLINA CARE PLAN, INC.	57105			
	CAROLINA SUMMIT HEALTHCARE, INC.	56195			
	CASCADE EAST HEALTH PLANS	93040			
D 12/09/02	CASCADE HEALTH PARTNERS	93102			
	CATERPILLAR	37060			
	CBIZ BENEFITS & INSURANCE SERVICES	31158			
	CBSA	41124			
	CCEA	88019			
	CCN	33005			
	CEDARS-SINAI MEDICAL NETWORK SERVICES	95166			Claims
	CEDARS-SINAI MEDICAL NETWORK SERVICES	95167			Encounters
	CEMARA ADMINISTRATORS, INC	37250			
	CENTRAL BENEFITS (DALLAS)	75243			
	CENTRAL BENEFITS (HOUSTON)	75196			
	CENTRAL BENEFITS LIFE	31118			
	CENTRAL RESERVE LIFE	34097			
	CENTRAL STATES HEALTH & WELFARE FUND	36215			
	CHA – COMMONWEALTH HEALTH ALLIANCE	23171			
	CHAMPUS - REGION 6 (TX,LA,AR,OK)	REG06		Yes	(**12 max lines FA0) **Receiver type "F or H" Contact our HelpLine or Marsha Green (608)221-5056 to enroll. Champus will notify provider w/Auth # within 5 days of agreement.
	CHAMPUS REG 1,2,3,4,5,7,8,9,10,12	38520			
	CHAMPUS: REGION 11	REG11		Yes	(**12 max lines FA0) **Receiver type "F or H" Contact our HelpLine or Marsha Green (608)221-5056 to enroll. Champus will notify provider w/Auth # within 5 days of agreement.
	CHC OF KANSAS CITY ADVANTRA	25144			
	CHEC - A SUBSIDIARY OF SPRINT	75261			
	CHESAPEAKE LIFE INSURANCE	59223			
	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		
	CHIP-TX UNIVERSITY HEALTH PLAN UPG	UPGCH	TX		
	CHIP- CHOICEONE UTMB	UHSCH	TX		
	CHOICE PLUS (TRW)	68241			
	CHOICEONE- UTMB CHIP	UHSCH	TX		
	CHRISTIAN BROTHERS SERVICES	61271			
	CHRISTUS SPOHN NETWORK	SPOHN	TX		
	CIGNA	62308			(**32 max lines FA0)
	CIGNA/ ARIA PROVIDERS ONLY	CIGNR			ARIA PROVIDERS ONLY
	CIGNA- BEHAVIORAL HEALTH (EDEN PRAIRIE, MN)	12345		Yes	EDI enrollment required. Please call Payer EDI Customer Service at (888)-259-6279

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	CIGNA- BEHAVIORAL HEALTH	MCCBV		Yes	EDI enrollment required contact Carrier
	CIGNA FLEX CARE (NEW MEXICO ONLY)	62310	NM		(**12 max lines FA0)
	CIMARRON HEALTH PLAN (commercial)	CIMHP	NM		
	CIMARRON SALUD!	CIMSA	NM		Receiver type "D"
	CLAIM MANAGEMENT SERVICES, INC	39141			
D 11/12/02	CLAIMSWARE, INC.	57080			
	CLARENDON KIDS CHIP PROGRAM (CKCP) EPO	EPOTX			
	CNA	71063			(**12 max lines FA0)
	CNA MAILHANDLERS	62413			(**12 max lines FA0)
	C N.Y. MANAGED CARE	16126			
	COLONIAL HEALTHCARE	37123			
	COLORADO ACCESS HMO	COACC			
	COLORADO ASSOCIATED PRIMARY CARE	PHD02			
	COLORADO KAISER PERMANENTE	COKSR			(**12 max lines FA0)
	COLUMBIA CORNELL CARE	25351			
	COLUMBIA UNITED PROVIDERS	91162			
	COMMERCE BENEFITS GROUP	34181			
	COMMONWEALTH ADMINISTRATIVE GROUP	37237			
A 11/11/02	COMMONWEALTH ADMINISTRATORS	CATPA			
	COMMUNITY CARE BEHAVIORAL HLTH ORG	25179			
	COMMUNITY CARE MANAGED HEALTH CARE	73143			
	COMMUNITY CHOICE OF MICHIGAN (MEDICAID)	53172	MI		
	COMMUNITY FIRST	COMMF			All lines of business
	COMMUNITY FIRST – STAR HEALTH PLAN	COMMF			
	COMMUNITY HEALTH ELEC. CLEARINGHOUSE (CHEC)	75261			
C 9/27/02	COMMUNITY HEALTH CHOICE	48145			Please include TPI Number (Texas Medicaid Number) in Field FA0-23.
A 10/3/02	COMMUNITY HEALTH PLAN	90010			
	COMMUNITY HEALTH PLAN – NY	23742	NY	Yes	Certification # reqd contact (518) 783-1864 x 40422
	COMMUNITY HEALTH PLAN-MILWAUKEE, WI	39162	WI	Yes	Contact Karen Mills (414) 256-5705 to enroll in EDI
	COMMUNITY PREMIER PLUS FOR NEIGHBORHOOD	32481			
	COMPREHENSIVE BENEFITS ADMINISTRATOR, INC.	03036			
	COMPUSYS OF COLORADO	COMPU	CO		
	CONFED ADMIN SERVICES, INC.	80667			
	CONNECTICARE	06105			
	CONNECTICUT GENERAL	62308			
	CONSECO SERVICES, LLC	35196			
	CONSOCIATE GROUP	37135			
	CONSOLIDATED GROUP/HPS	04274			
D 9/04/02	CONSOLIDATED GROUP/TRAVELERS	04284		Yes	Group # Reqd
	CONSULTEC - NEW MEXICO Medicaid	CNTNM	NM		Receiver type "D"
	CONTINUUM ABC MSO	13397			
	COOPERATIVE BENEFIT ADMINISTRATOR	52132			
	CORESOURCE OF NORTH CAROLINA	35180			
	CORESTAR	41045			
D 11/12/02	CORPORATE BENEFITS SERVICES, INC.	56116			
	CORPORATE SYSTEMS ADMINISTRATION	37246			
	CORRECTIONAL MEDICAL SERVICES	43160			
	CORSOLUTIONS	48146			
	COUNTRY LIFE INSURANCE COMPANY	62553			
	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		
	CREATIVE MEDICAL SYSTEMS	64068			
	CUSTOMCARE (PRUDENTIAL)	68241			
	DELAWARECARE	25137			
	DELAWARE HEALTH PLAN CONSORTIUM	63081	DE		
	DIVERSIFIED ADMINISTRATION	06102			
	DRISCOLL CHILDRENS HEALTH PLAN (CHIP)	DCHCH	TX		

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	EAGLE CREEK MEDICAL PLAZA	61101			
D 11/12/02	EAPPEALSOLUTIONS	65009			
	EATON BENEFITS,OH	62308	OH		
	EBMS (EMPLOYEE BENEFIT MANAGEMENT SVCS.)	81039			
	EHS GROUP HEALTH PLAN (MILWAUKEE, WI)	98006			
D 11/12/02	ELDER HEALTH MARYLAND HMO, INC.	52192			
	EMERALD HEALTH NETWORK INC	34167			
	EMORYCARE (PRUDENTIAL)	68241			
C 10/21/02	EMPHEYSYS	61101			Changed from Payer ID 73288.
	EMPLOYEE BENEFIT CONCEPTS, INC.	38241			
	EMPLOYEE BENEFIT SERVICES	37216			
	EMPLOYEE BENEFITS PLAN ADMIN (E.B.P.A.)	03036			
	EMPLOYEE PLANS, LLC	35112			
	EMPLOYEE SECURITY, INC.	54098			
	EMPLOYERS COALITION ON HEALTH (ECOH)	MIDSC			
	EMPLOYERS DIRECT HEALTH	75232			(formerly First Integrated Health)
	EMPLOYERS HEALTH COOPERATIVE (EHC)	MIDSC			
	EMPLOYERS INS. OF WAUSAU	39026			
	EMPLOYERS MUTUAL,INC.(FL)	59298	FL		
	ENCOMPASS	37110			
	ENCORE HEALTH NETWORK	35206			
	ENH MEDICAL GROUP IPA	36364			
	ENSTAR NATURAL GAS G#P61	91136			
	EPO CHIP/MANAGED CARE	EPOTX			
	EQUICOR-PPO	62308			(**12 max lines FA0)
	EQUICOR/EQUITABLE	62308			
	EQUIFAX / HEALTHCARE ADMIN (EHAS)	75196			
	ERIN GROUP ADMINISTRATORS	23250			
	ERISA	74234			(**12 max lines FA0)
	EVERCARE	87726			
	EVERGREEN HEALTH PLAN	58233			
	EXCLUSIVECARE	71412			
	FAMILY HEALTH PARTNERS	43173			
	FAMILY PRACTICE ASSOCIATES	FPA11		Yes	PROV ID reqd- contact (713) 843-6780 to obtain ID
	FAMILY/SENIORS MEDICAL GROUP, INC (LAB ONLY)	IP017			
	FEDERAL EMPLOYEE PROGRAM (TX FEP)	84980			
	FEDERATED MUTUAL	41041			
	FIRSTCARE	94999		YES	Prov ID reqd (FA0-23) 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).
	FIRSTCARE "STAR" MEDICAID	94999		YES	Prov ID reqd (FA0-23) 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	FIRST CAROLINA CARE	56196			
	FIRST CHOICE (CT)	14162			
	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			
	FIRST STATE HEALTH PLAN	63080			
A 10/3/02	FIRSTGUARD HEALTH PLAN	90060			
	FLEXCARE	68241			(**32 max lines FA0)
	FLORIDA HEALTH CHOICE- Wisconsin only	AMS01	WI		
	FLORIDA HEALTH CHOICE/SELECT – Wisconsin	AMS01	WI		
	FLORIDA HOSPITAL WATERMAN	48116			
	FLORIDA POWER & LIGHT (PRUDENTIAL)	68241			
	FLORIDA 1 ST	59276	FL		
	FMH BENEFIT SERVICES, INC	48117			
	FORTIS BENEFITS INS COMPANY	70408			(**12 max lines FA0)
	FOUNDATION HEALTH – HMO	FH002			
	FOUNDATION HEALTH OF FLORIDA	FHFCLC	FL		
A 10/3/02	FOUNDATION HEALTH PLAN (SUNRISE FL)	59257			
	FOX-EVERETT – INGALLS SHIP BUILDING	64067			
	FOX-EVERETT, INC	64069			
	GATEWAY HEALTH PLAN	25169			

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	GE GROUP ADMINISTRATORS	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	Call 570-271-8077 for EDI enrollment approval
	GENERAL AMERICAN LIFE INS CO	63665			(**12 max lines FA0)
	GENERAL HOSPITAL (HUMBOLDT DEL NORTE)	IP062			
	GENESIS HEALTHCARE (EMG)	IP087			
	GEORGIA HEALTH PLUS	58207			
	GHI - NEW YORK (GROUP HEALTH, INC.)	13551	NY		
	GHI HMO SELECT	25531			
C 12/03/02	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			
	GOLDEN RULE	37602			
	GOLDEN TRIANGLE PHYSICAIN ALLIANCE	GTPA1		Yes	PROV ID Req'd- contact (713) 843-6780 to obtain ID: GTPA ID in BA0-15 if Solo, or if Group in FA0-23.
	GOOD SAMARITAN MEDICAL PRACTICE ASSN (GSMIPA)	IP086			
	GOODYEAR TIRE & RUBBER	34025			
	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 & PENSION ADMINISTRATORS	48143			
	GROUP BENEFIT SERVICES INC	38223			(**12 max lines FA0) for billing address POB 1386 E Lansing, MI 48826-1386 only
	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, THE	64246			(**12 max lines FA0)
	HARRINGTON BENEFIT SERVICES	95266			
A 9/06/02	HARVARD COMMUNITY HEALTH PLAN	04245			
	HARVARD PILGRIM HEALTH CARE	04271		Yes	Contact Harvard at (800) 724-8326 x68998 to enroll in EDI
	HAS - HEALTH ADMINISTRATION SERVICES	34185			(**12 max lines FA0)
A 10/3/02	HARMONY HEALTH PLAN OF INDIANA	36405			
	HAWKI	86065			
	HCH ADMINISTRATION -PEORIA	37111			
A 10/3/02	H.E.R.E.I.U. WELFARE PENSION FUNDS	37114			
	HCH ADMINISTRATION (NEW MEXICO)	HCHNM	NM		(CIMARRON)
	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			
D 9/18/02	HEALTH AND WELFARE FUND OHIO	34654	OH		
	HEALTH CARE ALLIANCE (SEARS)	68241			
	HEALTH CARE PAYER'S COALITION (TOLEDO, OH)	34193			
	HEALTH CARE PLAN/CHOICECARE (BUFFALO)	16107		Yes	PROV ID Req'd- Contact (800) 617-1114 to obtain ID
	HEALTH CARE SAVINGS	56142			
	HEALTH DATA SOLUTIONS	46112			
	HEALTH DESIGNS PLUS (HUDSON, OH)	34158			
	HEALTH ECONOMICS -MICS CORP	75196			
	HEALTH FIRST TPA - TYLER	75234	TX		
	HEALTH INSURANCE PLAN OF NEW YORK	55247	NY		
	HEALTH MANAGEMENT ASSOCIATES	86065			
	HEALTH NET - CALIFORNIA (ENCOUNTERS)	95570	CA		
	HEALTH NET-CALIFORNIA & OREGON	95567			
	HEALTH NET (ENCOUNTERS ONLY)	HM001			
	HEALTH NET MGT	HT001			
	HEALTH NETWORKS OF COLORADO SPRINGS	PHD05	CO		
	HEALTH NEW ENGLAND	04286			
	HEALTH ONE ALLIANCE	58216			

Last Update	Payer Name	Payer Id#	*State Spec.	Enroll Req'd	Additional Information
	HEALTH PARTNERS - JACKSON, TENN.	62157			
	HEALTH PARTNERS - PA	80142			
	HEALTH PLAN MANAGEMENT	37221			
	HEALTH PLAN OF THE REDWOODS	94254			
A 11/06/02	HEALTH PLAN SOUTHEAST (TALLAHASSEE, FL)	59256			
D 11/12/02	HEALTH PLANS, INC.	44273			
A 10/3/02	HEALTH PLEDGE HMO	95435			
	HEALTH RISK MANAGEMENT (HRM)	41170			
	HEALTH SERVICES MEDICAL GROUP	16105			
	HEALTH SERVICES PREFERRED) EMERALD HEALTH	34167			
	HEALTHBRIDGE	IP081			
	HEALTHCARE BENEFITS	84980			
	HEALTHCARE'S FINEST NETWORK	36335			
	HEALTHCARE MANAGEMENT ADM. (HMA)	91133			
	HEALTHCARE PLANS, INC	HC001			
	HEALTHLEASE	59608			
C 12/03/02	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			
	HEALTHLINK PPO	90001		Yes	PROV ID Req'd- Contact (314) 989-6000 to obtain ID
	HEALTHNET OF ARIZONA	AZHNT	AZ		
	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		Name changed to Mid America Health
	HEALTHPLAN SERVICES (OK)	59142	OK		
	HEALTHPLAN SERVICES (TAMPA ONLY)	59140	FL		
	HEALTHPLAN SERVICES- HARRINGTON	95266			
	HEALTHPOWER HMO	31106			
A 10/3/02	HEALTHSCOPE BENEFITS, INC	71063			
A 10/3/02	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	PROV ID Req'd- Contact (800) 831-6654 to obtain ID
	HEALTHSOURCE, AR (MEDICARE HMO)	71075	AR	Yes	PROV ID Req'd- Contact (800) 831-6654 to obtain ID
	HEALTHSOURCE, GA	58210	GA	Yes	PROV ID Req'd- Contact (800) 909-2227 x5760 to obtain ID
	HEALTHSOURCE, IN	35167	IN	Yes	PROV ID Req'd- Contact payer to obtain ID
	HEALTHSOURCE, KY	61127	KY	Yes	PROV ID Req'd- Contact payer to obtain ID
	HEALTHSOURCE, MA	02041	MA	Yes	PROV ID Req'd- Contact payer to obtain ID
	HEALTHSOURCE, ME	01041	ME	Yes	PROV ID Req'd- Contact payer to obtain ID
	HEALTHSOURCE, NC	56147	NC	Yes	PROV ID Req'd- Contact payer to obtain ID
	HEALTHSOURCE, NH	02038	NH	Yes	PROV ID Req'd- Contact payer to obtain ID
	HEALTHSOURCE, OH	31141	OH	Yes	PROV ID Req'd- Contact payer to obtain ID
	HEALTHSOURCE, SC	06119	SC	Yes	PROV ID Req'd- Contact payer to obtain ID
	HEALTHSOURCE, TN	62129	TN	Yes	PROV ID Req'd- Contact payer to obtain ID
	HEALTHSOUTH MEDICAL PLAN ADMINISTRATORS	63086			
	HEALTHSTAR, INC	36332			
	HEALTH VALUE MANAGEMENT	61101			
	HERITAGE CONSULTANTS	59230			
	HERITAGE NATIONAL HEALTH PLANS	95378		YES	Call 309-748-0426 to enroll
	HERITAGE NEW YORK MEDICAL GROUP	11328			
	HERITAGE PHYSICIAN NETWORK (Houston) Also see: Family Practice Assoc/Golden Triangle Phy	HPN11	TX	Yes	(**12 max lines FA0) PROV ID Req'd- Contact (713) 843-6780 to obtain ID
	H.E.R.E.I.U. WELFARE PENSION FUNDS	23172			
	HFN- HEALTHCARES FINEST NETWORK	36335			
	HILL PHYSICIANS MEDICAL GROUP	HIL01			
	HIP - HEALTH INSURANCE PLAN OF GREATER NEW YORK	55247			Provider enrollment and testing required. Please call HIP Provider Relations at (212)-630-8711.
	HMA- HEALTHCARE MANAGEMENT ADM	91133			
	HMO BLUE	84980	TX		(**32 max lines FA0) **Receiver Type "G"
	HMO BLUE/ARIA	HMOBR			
	HMO BLUE TEXAS	84980	TX		(**32 max lines FA0) **Receiver Type "G"

Last Update	Payer Name	Payer Id#	*State Spec.	Enroll Req'd	Additional Information
D 11/12/02	HMO BLUE TEXAS/ARIA	HMBTR			Please send claims to Payer ID HMOBR
	HMO BLUE TEXAS MEDICAID (STAR)	MDHMO	TX		(**27 max lines FA0) **Receiver Type "D"
	HMO BLUE STAR PLUS- HOUSTON ONLY	53172	TX		Contact Mark Messer (602) 331-5100 ext. 5563 to obtain provider ID
	HMO OF COLORADO	COHMO	CO		(**12 max lines FA0)
	HOMETOWN HEALTH NETWORK	34150			
	HPN	HPN11		YES	(**12 max lines FA0) PROV ID Req'd- Contact (713) 843-6780 to obtain ID
	HPR- HEALTH PLAN OF REDWOODS	94254			
	HPS PARADIGM, INC	58227			
	HRM CLAIM MANAGEMENT	41170			
	HUMANA/ARIA	HUMAR			
	HUMANA, INC. (ALL CLAIM PLANS)	61101			
	HUMANA, INC. (ENCOUNTERS)	61102			
D 10/31/02	HUMANA WORKERS COMP – OHIO	61103			
	IBA HEALTH & LIFE ASSURANCE CO.	38234			
	IBA SELF FUNDED GROUP	38234			
	IBI	41124			
	IBM MEDICAL PLANS	68241			
	IDAHO MEDICAID	AIDID			Receiver Type "D"
	IMCARE	41600			
	IMPERIAL VALLEY MEDICAL GROUP (IMPV)	IP089			
	INDIANA HEALTH NETWORK	35204			
	INDIANA PRO HEALTH NETWORK	35161			
	INFORMED, LLC	52196			
A 10/3/02	INNOVATIVE HEALTHWARE SOLUTIONS	04320			
	INSURANCE CLAIMS SERVICES (BIRMINGHAM, AL)	63082			
A 10/3/02	INSURANCE DESIGN ADMINISTRATORS	13315			
	INSURANCE SERVICE OF LUBBOCK	ISL11	TX		(**12 max lines FA0)
	INTEGRATED BENEFIT SERVICES	37124			
	INTEGRATED CARE NETWORK BY EMERALD	34167			
	INTEGRA GROUP	31127			
	INTEGRA GROUP - CHA	31129			
	INTEGRITY BENEFITS NETWORK	58200			
D 11/15/02	INTER-COUNTY HEALTH PLAN	23252			
	INTERCARE HEALTH PLANS, INC.	37227			
	INTERGROUP SERVICES CORPORATION	23287			
A 10/3/02	INTERNATIONAL UNION OF OPERATING ENGINEERS, LOCAL 4 HEALTH & WELFARE FUND	37241			
	IOWA BENEFITS	41124			
	IOWA HEALTH SOLUTIONS	86065			
	ISOL	ISL11			
	JF MOLLY & ASSOC	61271			
	JOHN ALDEN	41099			
	JOHN DEERE HEALTH CARE	95378		Yes	(**12 max lines FA0) Contact payer at (309)-765-0548 for EDI enrollment.
	JOHN MUIR HEALTH NETWORK	JMH01			
	JOHN P PEARL & ASSOCIATES	37215			
	JOPLIN CLAIMS	43178			
	JP FARLEY CORPORATION	34136			
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 contact Kenya Neal at Kaiser (301)-625-2264.
	KAISER FOUNDATION PLAN OF GEORGIA	21313	GA		
	KAISER PERMANENTE (CO. ENCOUNTERS ONLY)	HM044			
	KAISER PERMANENTE (ENCOUNTER DATA ONLY)	HM036			
	KAISER PERMANENTE (SO CAL ONLY)	KS001			
	KANAWHA INSURANCE CO.	57038			
	KANSAS CITY LIFE INSURANCE CO.	44030			
	KEMPTON COMPANY,KEMPTON GROUP ADM	73100			
	KENTUCKY HEALTH SELECT	63077	KY		
	KEPPLE AND COMPANY	37124			
	KEY BENEFIT ADMINISTRATORS, INC.	37217			
	KEY MEDICAL GROUP	IP082			
	KEYSTONE MERCY HEALTH PLAN	23284			

Last Update	Payer Name	Payer Id#	*State Spec.	Enroll Reqd	Additional Information
	KIRASP PHYSICIANS SERVICE	KPS01			
	LA CARE ENCOUNTER DATA ONLY	HM039			
A 10/3/02	LAKE FOREST MANAGED CARE ASSOCIATES	37112			
	LAKESIDE HEALTH SERVICES	95415			
	LAKESIDE IPA	95416			
	LEGGETT AND PLATT	75279			
D 11/11/02	LIBERTY MUTUAL	11123			
	LIFEGUARD	LFGRD			(**12 max lines FA0)
A 10/3/02	LIFEGUARD	94245			
	LIFEMARK	53172			Contact Mark Messer (602) 331-5100 ext. 5563 to obtain Lifemark Phy ID
	LIFEWISE, A PREMIERA HEALTH PLAN	93093			
C 10/21/02	LINCOLN NATIONAL	61101			Changed from Payer ID 73288.
A 10/3/02	LOCAL 135 HEALTH BENEFITS FUND (INDIANAPOLIS, IN)	35107			
	LONDON HEALTH ADMINISTRATORS	37226			
	LOS ALAMOS TOTAL CARE (PRU)	68241			
	LOVELACE HEALTH PLANS (Commercial)	62310			
	LOVELACE SALUD! (NM Medicaid)	62310**	NM		Receiver Type must be "D" for Salud! claims
	MAD RIVER COMMUNITY (HUMBOLDT DEL NORTE)	IP060			
	MAHONING AND TRUMBALL	34103			
	MAILHANDLERS	62413			
	MAILHANDLERS MENTAL HEALTH CLAIMS	87726			Call 800-557-5745 For claim submission questions
	MAGELLAN BEHAVIORAL HEALTH (ELPASO ONLY)	MBH11		Yes	Must submit correct address for payer in the DA1 record
	MAMSI	52148			
	MAMSI LIFE HEALTH INS CO	MA001			
	MANAGED CARE INDEMNITY	61101			
	MANAGED CARE SERVICES	35162			
	MANAGED HEALTH CARE SERVICES INDIANA	39186			
	MANAGED HEALTH SERVICES WISCONSIN	39187			
	MANAGED PHYSICIAN NETWORK	93900			
	MANAGED PRESCRIPTION SERVICES	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
	MARRIOTT	68241			
	MASHANTUCKET PEQUOT TRIBAL NATION	37121			
	MASSACHUSETTS MUTUAL	65935			
	MAPCO, INC.	75258			
	MATTHEW THORNTON HEALTH PLAN	02030		Yes	PROV ID Reqd- Contact (603) 695-1419 to obtain ID
	MAYO MANAGEMENT SERVICES, INC.	41154			
A 10/3/02	MBS (MEDCOST BENEFIT SERVICES)	56205			
	MCARE	38264		Yes	Call Dawn for Network ID (734)332-2497
	M-CARE	MM001			
	MCC BEHAVIORAL CARE	MCCBV			
A 9/16/02	MCHENRY MEDICAL ASSOCIATES (IL)	36328			
	MC CREARY CORPORATION	59331			
	MD IPA (MAMSI)	52148			
	MDNY HEALTHCARE	11338			
	MEDBENEFIXX INC	61101			
	MEDCONNECTION (MARRIOTT)	68241			
	MEDCOST, INC	56162		Yes	PROV ID Reqd- Contact (800) 433-9178 x4189 to obtain ID
	MEDFOCUS	95321			
	MEDICA	94265		Yes	Unique 7 digit numeric PROVIDER ID required- Contact Medica
C 11/13/02	MEDICA CHOICE (ALLINA)	94265	MN		Changed from Payer ID UH007
	MEDICAID – TX	86916	TX	Yes	Contact (888) 863-3638 to enroll in EDI **Receiver type "D"
	MEDICAID - TX (HMO-BLUE)	MDHMO	TX	Yes	(**28 max lines FA0) **Receiver type "D"
	MEDICAL BENEFITS MUTUAL	74323			(**12 max lines FA0)
	MEDICAL CLAIMS SERVICE, INC.	04258			
	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 (OHIO)	38224			

Last Update	Payer Name	Payer Id#	*State Spec.	Enroll Req	Additional Information
	MEDICARE 'B' - DC METRO	00903	DC	Yes	(**32 max lines FA0) **Receiver type "C"
	MEDICARE 'B' – DELAWARE	00902	DE	Yes	(**32 max lines FA0) **Receiver type "C"
	MEDICARE 'B' – MARYLAND	00901	MD	Yes	(**32 max lines FA0) **Receiver type "C"
	MEDICARE "B"—NEW MEXICO	00521	NM	YES	For enrollment Call THIN HelpLine 972-766-5480 **Receiver type "C"
	MEDICARE 'B' – TEXAS	00900	TX	Yes	(**32 max lines FA0) **Receiver type "C" Contact: (803) 735-9810 to enroll in EDI
	MEDICARE RAILROAD	00882		Yes	Receiver Type "C" To obtain a provider number, call Rail Road Medicare Provider Enrollment at (866) 899-5227. For Rail Road Medicare Customer Service call (866) 749-4301. For EDI enrollment paperwork, call THIN @ 972-766-5480.
	MEDICARE SMART	58228			
	MEDSOLUTIONS, INC.	62160			
	MEDSTAR PHYSICIAN PARTNERS	00243			
	MEDSPAN, INC.	82160			
	MEGA LIFE & HEALTH INS. (STUDENT INSURANCE)	74227			
	MEGA LIFE & HEALTH INS. CO.	59221			
A 10/31/02	MEMORIAL CLINICAL ASSOCIATES	MCA11	TX	Yes	(**12 max lines FA0) PROV ID Req – Contact (713) 843-6780 to obtain ID
D 11/12/02	MEMPHIS MANAGED CARE	36193			
	MERCY HEALTH PLANS	43166			
	MERCY HEALTH PLAN OF NJ	22326	NJ	Yes	PROV ID Req- Contact (800) 682-9091 to obtain ID
	MERIDIAN HEALTH CARE MANAGEMENT	77042			
A 12/09/02	MESA MENTAL HEALTH	85035			
	METHODIST ASSOC HEALTH PLAN	62168			
	MET LIFE	87726			
	METROPOLITAN LIFE INS CO	87726			Changed from 65978
	METHODIST CARE	95420			
	MICHAEL REESE HMO	87726			
	MICHAEL REESE PHYSICIANS GROUP	37127			
	MID AMERICA HEALTH	43132	MO		Formerly Healthnet – Kansas City, MO
	MID-ATLANTIC HEALTH SYSTEM	63079			
	MID-VALLEY CARENET, INC	31140			
	MIDLANDS BENEFIT ADMINISTRATORS	47081			
	MIDLANDS CHOICE	47080			
	MIDWEST NATIONAL LIFE INS CO – TN	59224			
	MIDWEST PREFERRED	MIDSC			
	MIDWEST SECURITIES	MIDSC			(**12 max lines FA0)
	MIDWEST SECURITY ADMINISTRATORS (MSA)	MIDSC			
	MIDWEST SECURITY INSURANCE CO. (MSIC)	MIDSC			
	MINNEAPOLIS PRUDENTIAL	68241			
	MISSISSIPPI SELECT HEALTHCARE	75203			
	MOLINA HEALTHCARE OF WASHINGTON	38336			
	MOMENTUM HEALTH SERVICES	72135			
	MONTEFIORE CONTRACT MANAGEMENT ORG.	13174			
	MOSIAC IPA MEDICAL GROUP	IP083			
	MOTOROLA, INC.	36111			
	MOUNTAIN MEDICAL (MMA)	COMMA			
A 10/3/02	MPLAN, INC/HEALTHCARE GROUP, LLC	95444			
	MUTUAL BENEFIT LIFE (MBL)	70408			
	MUTUAL GROUP (THE)	70491			
	MUTUALLY PREFERRED	71412			
	MUTUAL BENEFIT (WESTERN LIFE-FORTIS)	PH020			
	MUTUAL OF OMAHA	71412			
	MVP HEALTHPLAN NY	14165	NY	Yes	Call Carrier to enroll in EDI (800) 684-9286
	N.A.M.M.—NORTHERN CA	E3510	CA		
	N.A.M.M.—ILLINOIS	36398	IL		
	NATIONAL ASSOC OF LETTER CARRIERS	53011			
	NATIONAL BENEFIT ADMIN. – N.C.	56176			
	NATIONAL CLAIM ADMINISTRATION	37126			
	NATIONAL HERITAGE INS CO (NHIC)	86916	TX	Yes	(**12 max lines FA0) **Receiver type "D" Contact (888) 863-3638 to enroll in EDI
	NATIONAL RURAL ELECTRIC COOP (NRECA)	52132			
	NATIONAL RURAL LETTER CARRIER ASSOC (NALC)	53011			
	NATIONAL TRAVELERS LIFE COMPANY	37120			Follow claims submission instructions on ID card.

Last Update	Payer Name	Payer Id#	*State Spec.	Enroll Req'd	Additional Information
	NATIONWIDE GROUP	31417			
	NATIONWIDE HEALTH PLANS (HMO,PPO,POS)	31112			
	NCAS	75190			
	NCAS – CHARLOTTE	75191			
	NEIGHBORHOOD HEALTH PLAN	04293			
	NEIGHBORLY CARE PLAN	39164		YES	Contact Karen Mills (414) 256-5705 to enroll in EDI
	NEIGHBORHOOD HEALTH PROVIDERS	11325			
	NETWORK HEALTH SOLUTIONS	39144			
	NEVADACARE	86065			
	NEVADACARE KIDS	86065			
	NEVADA HEALTH SOLUTIONS	86065			
	NEW ENGLAND FINANCIAL	80705			
	NEW WEST HEALTH PLAN	84141			
	NEW YORK MEDICAL IMAGING - MVP	14179	NY		
D 11/12/02	NEW YORK NETWORK MANAGEMENT	11334			
A 10/3/02	NEW YORK PRESBYTERIAN COMMUNITY HEALTH PLAN	48186			
	NGS AMERICAN, INC.	38225			
	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		
D 10/17/02	NORTH TEXAS HEALTHCARE NETWORK	35212			Please use Payer ID NTX11
	NORTH TEXAS HEALTHCARE NETWORK	NTX11			(**12 max lines FA0)
	NTHN	NTX11			(**12 max lines FA0)
A 9/16/02	NORTHWEST SUBURBAN IPA (ILLINOIS)	36346			
	NORTHWESTERN NATIONAL LIFE (RELIASTAR)	41045			
	NOVA HEALTH ADMIN. (GRAND ISLAND, NY)	16644			
D 11/12/02	NOVASYS HEALTH NETWORK	71080			
	NORTH WEST LIFE	PH018			
	NYMI OXFORD	14180			
	OCHSNER HEALTH PLAN	72127		Yes	ID Req'd- Contact carrier to obtain
	OFFICE OF ADMINISTRATOR, WASHINGTON DC	13310			
	OHIO HEALTH CHOICE, PPO	34189			
	OLYMPIC HLTH MANAGEMENT SYSTEMS	91150			
	OMNI HEALTHCARE (HUMBOLDT DEL NORTE)	IP061			
	OMNICARE MEDICAL GROUP (OMNI)	IP088			
	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			
C 11/22/02	OPTICARE EYE HEALTH NETWORK	56190			
	OPTIMUM CHOICE INC - OCI	52148			
	OPTIMUM CHOICE OF PENNSYLVANIA	52151	PA		
	OPTIMUM CHOICE OF THE CAROLINAS	52152			
	OPTION SERVICES GROUP	37125			
D 11/12/02	ORTHONET CORPORATION	13381			
	OSF CARE ADVANTAGE	OSFMC			UPIN # must be present in BA0.15
	OSF HEALTH PLAN	OSFIL	IL		**
	OUR LADY OF THE RESURRECTION P.A.	36365			
	OXFORD (ENCOUNTER DATA ONLY)	HM032			
	OXFORD HEALTH PLANS	06111			
	PACIFIC GAS AND ELECTRIC (PG &E)	68241			
	PACIFIC MUTUAL	67466			
	PACIFICARE	95959			(**12 max lines FA0) Special enroll no longer required
	PACIFICARE/ARIA	PACIR			
	PACIFICARE BEHAVIORAL HEALTH	33053			
	PACIFICARE (ENCOUNTERS)	HM012			
	PACIFICARE/ SECURE HORIZONS	95959			
A 10/3/02	PACIFICARE OF OREGON (ENCOUNTERS)	95975			Must submit with PacifiCare submitter ID. Please call Carolyn Anderson at 503-603-7104 to obtain
D 11/12/02	PACIFICARE PPO	95999			
	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

Last Update	Payer Name	Payer Id#	*State Spec.	Enroll Req'd	Additional Information
	PARTNERS NATIONAL HEALTH	56152			
	PASSPORT HEALTH PLAN	61129			
	PATIENT-PHYSICIAN NETWORK (PPN)	PPN11			
A 10/3/02	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			
	PERSONAL PHYSICIAN CARE	34173			
	PHA ADMIN. SERV	63088			
	PHOENIX GROUP SERVICES (TEXAS)	75238			
	PHOENIX GROUP SERVICES	06143			
	PHOENIX HEALTHCARE	62153			
	PHOENIX HOME LIFE	67814			
	PHOENIX MUTUAL	67814			
	PHP TENNCARE	62155			Formerly Covenant Health
A 10/3/02	PHYSICIANS CARE NETWORK (PCN)	57098			
	PHYSICIANS HEALTH ASSOCIATION OF ILLINOIS	37136			
	PHYSICIANS HEALTHCARE PLANS	65031			
	PHYSICIANS NETWORK OF COLORADO SPRINGS	PHD03			
	PHYSICIANS PLUS INS. CORP	39156			
	PIASC (SOUTHERN CALIFORNIA)	87056			
	PIEDMONT ADMINISTRATORS	56151			
	PIONEER LIFE INSURANCE CO.	35196			
	PIPELINE INDUSTRY BENEFIT FUND	73074			
	PITTMAN & ASSOCIATES	37224			
	PM GROUP	67466			
	POMCO	16111			
	PPN	PPN11			
A 9/24/02	PPO OKLAHOMA	73159			a.k.a. Winterbrook Healthcare
	PPOI	46113			
	PPOM	38335			
	PPO PLUS	59333			
A 10/3/02	PPO PLUS, LLC	72148			
	PRACTICARE, INC.	04334			
	PREFERRED COMMUNITY CHOICE	73145			
	PREFERRED HEALTH NETWORK (PHN)	35173			
	PREFERRED HEALTH PLAN	61106			
	PREFERRED HEALTH SYSTEMS INSURANCE CO.	60110			
	PREFERRED PLUS OF KANSAS (PPK)	60110			
	PREFERREDONE (MN)	41147			
D 12/03/02	PREMIER CARE OF NW ARKANSAS	93114			Send claims to P.O. Box 1340, Springdale, AR 72765.
	PREMIER HEALTH NETWORK	37119			
	PREMIERA BENEFITS	43166			
	PRESBYTERIAN HEALTH PLAN (Commercial)	PREHP	NM		
	PRESBYTERIAN SALUD!	PRESA	NM		Receiver type "D"
	PREVEA HEALTH INSURANCE PLAN	39185			
	PRE-PAID HEALTHPLAN	16105			
D 10/31/02	PRIMARY DELIVERY SYSTEMS	61101			Changed from Payer ID 73288.
	PRIMARY MEDICAL CARE	PMC11			
	PRIMARY PHYSICIAN CARE, INC	56144			
	PRIME BENEFITS SYSTEM	61101			
	PRIME CARE HEALTH PLAN	UH015			
A 12/11/02	PRIME HEALTH PLAN	PRIME			
	PRIME VISION HEALTH PLAN	56190			Provider ID Req'd (800) 840-7032 in FA0.23
	PRIMECARE MEDICAL NETWORK	IP079			
A 10/3/02	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
	PRINTING INDUSTRY OF S CA	87056			
A 9/06/02	PRIORITY HEALTH	38217			Please call Wendell Broome at 616-975-8284 prior to submitting claims to obtain the pay to code

Last Update	Payer Name	Payer Id#	*State Spec.	Enroll Req'd	Additional Information
	PRO HEALTH COMPCARE	31132			
	PROFESSIONAL BENEFIT ADMINISTRATORS	36331			
A 10/3/02	PROFESSIONAL CLAIM ADMINISTRATORS	41163			
	PROFESSIONAL CLAIMS MANAGEMENT	37242			
	PROMED HEALTHCARE SAN ANTONIO	IP058			
	PROMED POMONA VALLEY	IP057			
	PROMINA	58226			
	PROVIDENCE CHOICE OPTION	PHP01			
	PROVIDENCE GOOD HEALTH PLAN	PHP01			
	PROVIDENCE PREFERRED OF WASHINGTON	91131			
	PROVIDENT LIFE AND ACCIDENT INS	68195			
	PROVIDER NETWORKS OF AMERICA (PRONET)	51032			GRP # REQUIRED IN DA0.10 OR DA0.11
	PRUDENTIAL (ALL PLANS)	68241			(**32 max lines FA0)
	PRUDENTIAL CLAIMS – (ENCOUNTERS)	68245			
	PRUGENT SOUND	91136			
	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 (CO)	QMDCO	CO		
	QUAL-MED, COLORADO EPO	QMDCE	CO		
	QUAL-MED NEW JERSEY	QMDNJ	NJ		
	QUAL-MED NEW MEXIICO	QUANM	NM		
	QUAL-MED PHILADELPHIA	QMDPH	PA		
	QUAL-MED, PORTLAND (PO)	QMDPO	OR		
	QUAL-MED, SEATTLE (SE)	QMDSE	WA		
	QUAL-MED, SPOKANE (SP)	QMDSP	WA		
	QUALCARE, INC	23342			
	QUINCY HEALTH CARE MANAGEMENT, INC.	37129			
	RANDMARK, INC	61101			
	R. E. HARRINGTON, INC.	95266			
D 10/21/02	REGIONAL HEALTHPLUS	57103			EDI connection no longer available.
	RELIA STAR	41045			
	RENAISSANCE ACHS SUMMIT MEDICAID	95203			
	RIO GRANDE HMO	84980			
	RIVER QUEST NETWORK, INC.	37129			
	ROCKY MOUNTAIN HMO	RMHMO	CO		
	RUSH PRUDENTIAL	68241			
	RUSH PRUDENTIAL HMO	36389			
	S & S HEALTHCARE STRATEGIES	31441			
	SAGAMORE HEALTH NETWORK	35164			
	SANDIA TRIPLE OPTIONAL PLUS	68241			
	SANTA CLARA COUNTY IPA (SCCIPA)	IP034			
	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 FA0-23 if rendering provider is different. Contact (254) 298-3195 to obtain ID
	SEABURY & SMITH	13310			
	SECURECARE OF IOWA	42142			
	SECURE HORIZONS (Pacificare)	95959			MCR Senior Plan
A 11/06/02	SECURE HEALTH PLANS OF GEORGIA, LLC	28530			
	SECURITY HEALTH PLAN	39045			
	SELECT BENEFIT ADMINISTRATORS	42137			
	SELECT HEALTH OF SOUTH CAROLINA	23285			
	SELECTCARE	00014			
	SELF INSURED PLANS	36404			
	SELF-FUNDED PLANS (IL PA OH)	34131			
	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*****
	SHARE HEALTH PLAN – ILL/HMO	UH005			
	SHARE HEALTH PLAN –ILL/PPO	UH006			
	SHIELD 65+	HM024			
	SIGNATURE HEALTH ALLIANCE	62159			

Last Update	Payer Name	Payer Id#	*State Spec.	Enroll Req'd	Additional Information
	SLOAN'S LAKE MANAGED CARE	84096			Insured's Policy Group Field must include a double colon (::) and Sloans Lake's internal group number. The insured's policy number or carrier group number should preface the Sloans Lake internal group number.
	SMA HEALTH PLANS	72112			
	SOONER HEALTH NETWORK (WISCONSIN)	AMS01			
	SOUND HEALTH (PROVIDENCE)	91131			
	SOUTHERN DESERT HEALTH (WISCONSIN)	AMS01			
	SOUTHCARE	46114			
	SOUTHEAST IOWA HEALTH PLAN	86065			
	SOUTHERN HEALTH SERVICES	25128			
A 12/09/02	SOUTHERN NATIONAL LIFE	37220			
	SOUTHWESTERN BELL (MEDICAL)	68241			
	SPECIAL RISK INTERNATIONAL	52190			
	SPOHN NETWORK	SPOHN	TX		
	SSM EXCLUSIVE CHOICE	95286			
	ST. BARNABAS SYSTEM HEALTH PLAN	22240			
	ST. JOSEPH HEALTH FOUNDATION OF NO. CA	68033			
	ST. THERESE PHYSICIAN ASSOC	37116			
	ST. VINCENT CATHOLIC MEDICAL CENTERS	13407			
	STAR HEALTH PLAN – COMMUNITY FIRST	COMMF			
	STATE EMPLOYESS GROUP BENEFITS	72087			
	STATE FARM	31053			
	STAYWELL	14163			
	STERLING OPTION 1	91151			
	STUDENT INSURANCE DIVISION	74227			
	SUMMACARE HEALTH PLAN	95202			
	SUN TRUST BANK	68241			
	SUPERIOR BENEFITS	23218			
	SUPERION	46116			
	SUPERIOR HEALTH PLAN	SHP11		Yes	(**32 max lines FA0) Contact Debbie Sandberg at (314) 725-4706 ext 25306 to enroll in EDI.
	SUTTER CONNECT – ABMG	IP084			
	SUTTER CONNECT (SUTTER MEDICAL GRP OF REDLANDS)	IP090			
	TARRANT HEALTH SERVICES	37228			
	TEAMCARE	36215			
	TEAM CHOICE – PPO	75133			
	TEAM CHOICE – UMC	75134			
A 9/06/02	TEAMSTERS LOCAL UNION #301	36612			
	TEXAS CHILDRENS HEALTH PLAN	76048			
	TEXAS HEALTH STEPS	86916	TX	Yes	Contact (888)-863-3638 to enroll in EDI. ** Receiver Type "D".
	TEXAS MEDICAL ASSN INSURANCE TRUST	TMA11			
	TEXAS MUNICIPAL LEAGUE GROUP	74214	TX		
	TEXAS PODIATRY GROUP	TPG11	TX		
A 10/3/02	TRIAD HEALTHCARE, INC (PLAINSVILLE, CT)	39181			
	TX UNIVERSITY HEALTH PLAN – TTPA COMMERCIAL	TTPER	TX		
	TX UNIVERSITY HEALTH PLAN – UPG CHIP PLAN	UPGCH	TX		
	TX UNIVERSITY HEALTH PLAN – UPG COMMERCIAL	UPGUT	TX		
	TX UNIVERSITY HEALTH PLAN – TEENS TO TOTS	TTPCH	TX		
	THE CALEND GROUP	46115			
	THE EPOCH GROUP	28777			
	THE EYE PA	EYEPA			
	THE INTEGRITY BENEFIT NETWORK	58200			
	THE MEGA LIFE & HEALTH INS. CO.	59221			
	THE OATH – HEALTH PARTNERS OF ALABAMA	63092			
	THE OATH FOR LOUISIANA	72112			
A 10/3/02	THE PREFERRED HEALTHCARE SYSTEM-PPO	04320			
	THE TPA (BENESIGHT)	87265			
	THE WELLNESS PLAN	38200			
	THERAPHSICS	THERA			(**12 max lines FA0)
	THERAPHSICS- COLORADO ONLY	COTHE	CO		(**12 max lines FA0)
	THIRD PARTY ADMINISTRATORS, INC.	37225			
	THIRD PARTY CLAIMS MANAGEMENT	06131			

Last Update	Payer Name	Payer Id#	*State Spec.	Enroll Reqd	Additional Information
A 10/3/02	THREE RIVERS HEALTH PLANS, INC	25175			
	TIME INS CO/ FORTIS BENEFITS INS COMPANY	39065			(**12 max lines FA0)
	TOTAL CARE CHOICE	16126			
	TPA (Texas Plan Administrators)	TXP11	TX	Yes	Contact Amy Durham at 915-520-3865 to enroll for EDI
	TOWER LIFE INSURANCE	69493			(**12 max lines FA0)
	TRANSAMERICA	59222			
	TRAVELERS/CGT	04284			
	TRICARE (TX,LA,AR,OK)	REG06		Yes	(**12 max lines FA0) **Receiver type "F or H" Contact our HelpLine or Marsha Green (608) 221-5056 to enroll. Champus will notify provider with Authorization number within 5 days of agreement.
	TRUSTMARK	61425			
	TTPA COMM	76054			
	TUFTS ASSOCIATED HEALTH	CALL			Call Susan Hoffman at (617)-972-9400, Ext.4648, prior to submitting EDI claims.
	TX CHILDREN HEALTH PLAN	76048	TX		
	TXEN ALTPROS	75206			
	UBH-RIOS	16412			Group number must be entered on claim.
	UC CARE (UNIV. OF CA)	68241			
	UCSF/CSL PULMONARY	65006			
	UICI-ADMINISTRATORS - ST OF NEVADA	75245	NV		
	UICI-ADMINISTRATORS	75240			
	UMWA HEALTH & RETIREMENT FUNDS	52180			
	UNICARE INDIVIDUAL – SMALL GROUP	80314			Previously Payer ID 47195.
	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/CENTRA	75243			
	UNIFORMED SERVICE FAMILY HEALTH PLAN	13407			
A 10/3/02	UNION PACIFIC RAILROAD EMPLOYEES	87042			
	UNITED BEHAVIORAL HEALTH ***see notes ***	87726			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			9 digit ID, NOT HMP or PPO business. Call 800-557-5745 if questions.
	UNITED HEALTHCARE	87726			
	UNITED HEALTHCARE OF FLORIDA	87726			
	UNITED MEDICAL RESOURCES	31107			
	UNITED OF OMAHA	71412			
	UNITED PHYSICIANS OF N. COLORADO	84132	CO		
	UNITED STATES LIFE INSURANCE COMPANY	13545			
	UNITEDHEALTHCARE (METRAHEALTH)	87726			
	UNITEDHEALTHCARE (TRAVELERS)	87726			
	UNITY/PRECISION HEALTH PLANS	AMS01			(**12 max lines FA0)
	UNIVERA HEALTH – SOUTHERN TIER	16108			
	UNIVERSAL CARE - TENNESSEE	33002			
	UNIVERSAL HEALTH PLAN	58246			
A 10/3/02	UNIVERSAL STANDARD HEALTHCARE, INC	38298			
	UNIVERSITY HEALTH PLAN	58248			
	UNIVERSITY HEALTH PLAN-MEDICAID	58247			
	UPMC HEALTH PLAN	23281			
	UPPER PENINSULA HEALTH PLAN	38337			
	US/HEALTHCARE (HMO)	23222			Aetna Provider number Reqd
	USAA (UNITED STATES AUTOMOBILE ASSOC)	74095			AUTO CLAIMS ONLY
A 12/03/02	USA HEALTH & WELLNESS	USAHW			
	USC HEALTH SERVICES	USC11			
	USFHP – ST. VINCENT CATHOLIC MEDICAL CENTER	13407			
	USI ADMINISTRATORS	23217			
	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 FA0-23).
	VALLEY BAPTIST HEALTH PLAN	VBHP1			
	VALLEY HEALTH PLAN	75261			
	VALLEY OF THE MOON	IP044			
	VALLEY PHYSICIANS, INC.	77004			
	VANTAGE HEALTH PLAN, INC.	72128			
	VARIAN HEALTH CARE PLAN	68241			

Last Update	Payer Name	Payer Id#	*State Spec.	Enroll Reqd	Additional Information
	VENTANA HEALTH SYSTEMS	53172			
	VHP COMMUNITY CARE	23173			
	VICARE ADMINISTRATIVE SERVICES	54182			
	VISTA DEL SOL HEALTH CARE	86079			
A 11/06/02	VISTA HEALTH PLAN	55248			
	VYTRA HEALTHCARE	22264			
	WAL-MART	75257			
	WAL-MART (BLUE CARD CARRIERS)	84980			Receiver Type 'G' Patients have a "MRT" prefix before ID #
A 11/06/02	WATKINS ASSOCIATED INDUSTRIES, INC.	58082			
	WAUSAU INS CO	39026			
	WEA INSURANCE GROUP	39151			
	WEB TPA	75261			
	WELL PATH OF CAROLINA	25129			
	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	FL		Please note that all claims submitted require a 5-9 character Rendering Provider Network ID.
	WELLMED (CLAIMS)	WELM2			
	WELLMED (ENCOUNTERS)	WELMD			
	WESTERN CARE	70408			
	WESTERN GROWER'S INS. CO.	24735			
	WEYCO	38232			
	WILLIS ADMINISTRATIVE SERVICES CORP.	62061	TN		
	WILLIS COROON	62061	TN		Name Changed to Willis Administrative Services Corp.
	WINHEALTH PARTNERS	WNHLT	WY		
A 9/24/02	WINTERBROOK HEALTHCARE	73159			a.k.a. PPO Oklahoma
C 10/21/02	WISCONSIN EMPLOYERS GROUP	61101	WI		Changed from Payer ID 73288.
	WORKERS' COMPENSATION	TWCCP	TX		
	WORLD INSURANCE COMPANY	75276			
	WPS HEALTH INS (CHAMPUS) (TX,LA,AR,OK)	REG06		Yes	(**12 max lines FA0) **Receiver type "F or H" Contact our HelpLine or Marsha Green (608)221-5056 to enroll. Champus will notify provider w/Auth # within 5 days of agreement.
	WRITERS GUILD	62413			
	WRITERS' GUILD INDUSTRY HEALTH PLAN	23710			
	YALE NEW HAVEN HEALTH - MSO INC	06121			
	YALE PREFERRED HEALTH	95376			
	YOUNGSTOWN ARE ELECTRICAL WELFARE	34083			
	1199 NATIONAL BENEFIT FUND	13162			

CHANGE OF INFORMATION

- | | | |
|---------------|-----------------------------------|---|
| ID = | Payer ID has changed | * State Specific is for Providers within that state "ONLY" |
| A = | Added New Payer | |
| C = | Change to original info | |
| **** = | New message/additional info noted | |
| D = | Deleted payer | |

**For Questions Call:
EDI Hotline 312-653-6234 (THIN)**