



Payor

Payor Name	ID	Par	Enroll	Services	Notes
1-888-OHIOCOMP (Ohio BWC)/ 3-Hab/ AdvoCare Incorporated/ ALPS CompCare/ AultComp Managed Care Organization	31147	N	Yes	Claims	For Ohio Workers Comp Claims ONLY.
1199 National Benefit Fund	13162		Yes	ERA	
1199 National Benefit Fund	13162	Y	No	Claims	18501 maple Creek Dr ste 100 Tinley Park il 60477 only electronic address. Provider should submit claims with assigned Plan Provider ID, as 2 digit suffix is no longer required. Call Renaud Dufresne at (646) 473-6960 for a list of Network IDs.
21st Century Health and Benefits	59069	Y	No	Claims	
3P Admin	20413	Y	No	Claims	
A & I Benefit Plan Administrators	93044	Y	No	Claims	
AAG American Admin Group	75185	Y	No	Claims	Formerly Icon Benefit Admin
AAG Benefit Plan Admin Inc.	75240	Y	No	Claims	
AAG-American Admin Grp	37283	Y	No	Claims	Formerly Gallagher Benefit Admin
AARP	36273		Yes	ERA	
ABC Health Plan	48185	Y	No	Claims	
ABW/Country Plan	63719	Y	No	Claims	formerly routed to McClaren
ACS Benefit Services, Inc.	72467	Y	No	Claims	DO NOT send ACS/Health Net or ACS, Inc. Medicaid claims to this payor ID. This payor ID is for ACS Benefit Services, Inc. ONLY.
ACS Rewards Administration Center	36112	Y	No	Claims	
AFTRA Health Fund	13346	Y	No	Claims	
AHPO (Cleveland, OH)	31138	Y	No	Claims	
AK Medicaid	skak0		Yes	ERA	
AL BCBS	albc0		Yes	ERA	
AL Medicaid	almk0		Yes	ERA	
AL Medicare	almc0		Yes	ERA	
ALICARE	13550	Y	No	Claims	
APA Partners, Inc.	16140	Y	No	Claims	
APS Healthcare, Inc.	54160	Y	No	Claims	
APWU Health Plan	00360	Y	No	Eligibility	
AR BCBS	arbc0		Yes	ERA	
AR Medicaid	armk0		Yes	ERA	
AR Medicare	armc0		Yes	ERA	
ARAZ	16120	Y	No	Claims	
ASRM, LLC	asrm1	Y	No	Claims	
ASW Lifewise	37294	Y	No	Claims	
AVMA GHLIT	95266	Y	Yes	Claims	Group policy number is 14884. Question can be addressed to client services 405-942-9800.
AZ BCBS	azbc0		Yes	ERA	
AZ Medicare	azmc0		Yes	ERA	
Abrazo Advantage Hlth Plan	03443	Y	No	Claims	
Acclaim	64071	Y	No	Claims	
Acclaim Repricer in Tupelo	21356	Y	No	Claims	Group Number must be present or claim will reject.
Accordia National Administration Systems	00320	N	No	Eligibility	
Research Corp/ASR/ASR Corp/ASR Hlth Benefits	38265	Y	No	Claims	
Administrative Concepts Inc.	22384	Y	No	Claims	
Administrative Svcs Inc	59141	Y	No	Claims	
Advanced Medical Management/Msi Emsf Cms	amm01	N	No	Claims	

Advantage Health Solutions	35209	Y	No	Claims	
Advantage Preferred Plus	77070	Y	No	Claims	
Advantage by Bridgeway Health Solutions	68056	N	No	Claims	
Advantage by Buckeye Community Health Plan	68056	N	No	Claims	
Advantage by Managed Health Services	68056	N	No	Claims	
Advantage by Superior HealthPlan	68056	N	No	Claims	
Advantra Freedom	00453	Y	No	Eligibility	
Adventist Health System West - Roseville, CA	95340	Y	No	Claims	
Advocate Health Centers	36320	Y	No	Claims	Required data elements needed for submission. Please contact Client Services for more info.
Advocate Health Partners	65093	Y	No	Claims	Required data elements needed for submission. Please contact Client Services for more info.
Aetna	60054		Yes	ERA	
Aetna	60054	Y	No	Encounters	Excludes California
Aetna	60054	Y	No	Claims	
Aetna	00002	Y	No	Eligibility	
Aetna Better Health Connecticut Medicaid	23225	Y	No	Claims	
Aetna Bulk Encounters	60055	Y	No	Encounters	
Aetna Long Term Care	00225	Y	No	Eligibility	
Aetna TX Medicaid & CHIP	38692	Y	No	Claims	
Affiliated Doctors of Orange County (ADOC)	adocs	N	No	Claims	
Affiliated Physicians Group	apg01	N	No	Claims	
Affinity Health Plan	13334	Y	No	Claims	Contact Affinity's EDI Coordinator before submitting electronically call (718)794-7592. Selected Providers using Payer ID 13333 under the instruction of Affinity should continue to use this Payer ID 13333 an Affinity EDI coordinator contacts your office.
Affinity Health Plan	13334		Yes	ERA	
Affinity Medical Group	46594	Y	No	Claims	
Aftra Health Fund	00258	Y	No	Eligibility	
Agate Resources Lipa	20048	Y	No	Claims	
Agency Services Inc	64158	Y	No	Claims	Now known as Meritain Health
Agia Inc	95241	Y	No	Claims	
Alabama Medicaid	aid40	N	No	Eligibility	
Alabama Rural Hlth Mcaid	almk1	N	Yes	Claims	
Alaska Childrens Services, Inc. - Grp# P68	91136	Y	No	Claims	Please include Group Number when submitting claims.
Alaska Electrical Health & Welfare Fund	00286	Y	No	Eligibility	
Alaska Electrical Health & Welfare Fund	92600	Y	No	Claims	
Alaska Laborers Construction Industry Trust - Grp# F23	91136	Y	No	Claims	Please include Group Number when submitting claims.
Alaska Pipe Trades Local 375 -91136 Grp# F24		Y	No	Claims	Please include Group Number when submitting claims.
Alaska United Food & Commercial Workers Health & Welfare Trust - Grp# F45	91136	Y	No	Claims	Please include Group Number when submitting claims.
Allegiance Benefit Plan Management, Inc.	81040	Y	No	Claims	
Alliance CHP/RPU	88461	Y	No	Claims	
Alliance CHP/RPU	88461		Yes	ERA	
Alliance Healthcare/SRRIPA	13079	Y	No	Claims	
Alliant Health Plans of Georgia	58234	Y	No	Claims	
Allied Admin San Fran Ca	94177	Y	No	Claims	
Allied Benefit Systems	37308	Y	No	Claims	
Allied Health Systems Chiropratic	sx156	N	Yes	Claims	
Allied Health-Podiatry	sx157	N	Yes	Claims	
Allstate Ins Co	allst	N	No	Claims	
Allstate Insurance Company	allst		Yes	ERA	
Alta Bates Medical Group	call	N	No	Claims	Network ID required on all claims. Call Client Services to

obtain Network ID prior to first submission.

Alternative Technology Resources	37231	Y	No	Claims	
Altius (utah)	sx113	N	Yes	Claims	
Altius Health Plan	00364	Y	No	Eligibility	
Amalgamated Life	13550	Y	No	Claims	
Amalgamated Life Pa Alicare	13343	Y	No	Claims	
AmeriBen Solutions, Inc.	75137	Y	No	Claims	
AmeriChoice of New Jersey Inc.	00091	Y	No	Eligibility	
AmeriChoice of New Jersey, Inc. (Medicaid NJ)	86047	Y	No	Claims	
AmeriChoice of New York Personal Care Plus (Medicare)	86002	Y	No	Claims	All claims submitted require your AmeriChoice Assigned Provder ID Number. Please contact Client Services.
AmeriChoice of New York, Inc. (Medicaid NY)	86048	Y	No	Claims	
AmeriChoice of Pennsylvania Personal Care Plus (Medicare)	86003	Y	Yes	Claims	All claims submitted require provider AmeriChoice assigned Provider ID number. Contact AmeriChoice at (800)345-3627
AmeriChoice of Pennsylvania, Inc. (Medicaid PA)	86049	Y	No	Claims	
AmeriHealth Administrators	54763	N	No	Claims	
AmeriHealth HMO New Jersey and Delaware	95044	N	No	Claims	
AmeriHealth HMO New Jersey and Delaware	23037	N	No	Claims	
AmeriHealth Mercy Health Plan	22248	Y	No	Claims	Medicaid managed Care.
Americaid Community Care (Maryland)	27517	Y	No	Claims	
Americaid Community Care (New Jersey)	27516	Y	No	Claims	
American Administrative Grp	75240	Y	No	Claims	
American Administrators	42112	Y	No	Claims	
American Behavioral	63103	Y	No	Claims	
American Benefits Management N Cranton OH	34187	Y	No	Claims	Payer ID valid only for claims with a billing submission address of P.O. Box 35008, N. Canton, OH 44735
American Chiropractic Network (ACN)	41161	Y	No	Claims	
American Chiropractic Network IPA of NY (ACNIPA)	41160	Y	No	Claims	
American Community Mutual	00433	Y	No	Eligibility	
American Community Mutual Insurance	60305	Y	No	Claims	
American Community Mutual Insurance	60305		Yes	ERA	
American Family Insurance Co	amf11	N	Yes	Claims	For detailed submission instructions and to avoid claims processing delays, please visit the following site prior to claim submission to AMF. http://www.amfam.com/payor/
American Family Life Assurance Co. (AFLAC)	aflac	Y	No	Eligibility	
American Family PPO Policies Administered by Am Rep	56071		Yes	ERA	
American Family PPO Policies Administered by Am Rep	56071	Y	No	Claims	
American General	62030	Y	No	Claims	
American General Life & Accident	00237	Y	No	Eligibility	
American Healthcare Alliance	01066	Y	No	Claims	
American Imaging Management, Inc.	36369	Y	No	Claims	Assigned Group Policy Plan ID is required. To obtain, call Client Services.
American Insurance Company of Texas	81949	Y	No	Claims	
American International Group, Inc. (AIG)	87726	Y	No	Claims	Plan of UnitedHealthcare
American LIFECARE	72099	Y	No	Claims	Payer ID valid only for claims with a billing submission address of 1100 Poydras Street, Suite 2600, New Orleans, LA 70163-2602.
American Medical Security, Inc.	81400	Y	No	Claims	

American National Ins. Co. (ANICO)	74048	Y	No	Claims	Only claims for Galveston TX. If group number is available this information should be entered.
American Postal Workers Union Health Plan	44444	Y	No	Claims	Claims for the state of Maine ONLY must be sent on paper to MedNet, PO Box 15440, Portland, ME 04112.
American Progressive Life and Health Insurance Company	48055	Y	No	Claims	
American Republic Insurance	00224	Y	No	Eligibility	
American Republic Insurance	42011	Y	No	Claims	
American Republic Insurance Company	42011		Yes	ERA	
American Sentinel Insurance	17965	Y	No	Claims	
American Worker Health Plan	37322	Y	No	Claims	
Americas 1st Choice Health Plans of South Carolina, Inc.	20553	Y	No	Claims	
Americas First Choice Health Plans of North Carolina, Inc	26078	Y	No	Claims	
Americas PPO	16120	Y	No	Claims	
Americas PPO/Americas TPA/HealthEZ	41178	Y	No	Claims	
Americhoice of NJ Personal Care Plus	86001	Y	No	Claims	All claims submitted require your AmeriChoice Assigned Provider ID Number. Please contact Client Services.
Americhoice of New Jersey Inc	86047		Yes	ERA	
Americhoice of PA Inc	86049		Yes	ERA	
Amerigroup Comm Care/Amerigroup Corp (Ft Worth)/Amerigroup Georgia	27514	Y	No	Claims	Formally Americaid Community Care (Dallas/Ft. Worth).
Amerigroup Corporation	amer0		Yes	ERA	
Amerigroup Corporation	amgrp	Y	No	Eligibility	
Amerigroup Corporation (Houston)	27515	Y	No	Claims	Formerly Americaid Community Care (Houston).
Amerigroup FL	27519	Y	No	Claims	
Amerigroup IL	27518	Y	No	Claims	PO Box 62469 Virginia Beach, VA 23466-2469
Amerigroup Ohio	27518	Y	No	Claims	
Amerihealth Mercy	22248		Yes	ERA	
Amerihealth NJ PPO	60061	N	No	Claims	
Ameritas Life Insurance Co.	00425	Y	No	Eligibility	
Anchor Benefits Consulting, Inc. in Maitland FL	53085	Y	No	Claims	If group number is available this information should be entered.
Ancillary Benefit Systems AZ Foundation Medical Care Phoenix AZ	86062	Y	No	Claims	Group number is required by this payor
Ancillary Care Management/ACM	03172	Y	No	Claims	
Antares Management Solutions	34192	Y	No	Claims	Westlake, Ohio location
Anthem Blue Cross	47198	N	No	Claims	California License number required.
Anthem West (BCBS - CO BCBS - NV)	00418	N	No	Eligibility	
Apex Benefit Services	34196	Y	No	Claims	
Aps Claim	54100	Y	No	Claims	
Arcadian Management Services, Inc.	77045	Y	No	Claims	
Argus Health Systems	36356	Y	No	Claims	
Arizona Medicaid	aid37	N	No	Eligibility	
Arizona Physicians IPA	03432	Y	Yes	Claims	Please call Client Services. (405) 984-9800
Arizona Physicians IPA	00322	Y	No	Eligibility	
Arkansas Best Corporation - Choice Benefits	75278	Y	No	Claims	
Arkansas Medicaid	aid26	N	No	Eligibility	
Arnett Health Plans	95440	Y	Yes	Claims	Requires unique provider id for billing call 765-448-7483 Arnett Health Plans's EDI Coordinator
Associated Benefits Corp/fgdi	faabc	N	No	Claims	
Associated Third Party Administrators (ATPA)	atpa1	Y	No	Claims	
Associates for Health Care, Inc. (AHC)	36326	Y	No	Claims	
Assurant Health	39065		Yes	ERA	
Assurant Health	00252	Y	No	Eligibility	
Assurant Health Self Funded	37313	Y	No	Claims	MUST VERIFY ALL CLAIMS SHOULD GO TO PAYER IN FT.

MILL, SC

Assurant Health/ Time Insurance Company	39065	Y	No	Claims
Assurant MiniMed-Key Family Assured Benefit Administrators	37323	Y	No	Claims
Asuris Northwest/MedAdvantage Athens Area Health Plan Select	74240	Y	No	Claims
Atlanticare [also known as Horizon HealthCare Admin (HHA)]	93221	N	No	Claims
Atlantis Health Plan	95691	Y	No	Claims
Aultra Administrative Group	22304	Y	No	Claims
Automated Benefit Services	13853	Y	No	Claims
Automated Group Administration	37242	Y	No	Claims
Automotive Machinists Local 289 Health & Welfare Trust - Grp# F32	38259	Y	No	Claims
AvMed	37280	Y	No	Claims
AvMed	91136	Y	No	Claims
Avera Health Plans	00370	N	No	Eligibility
AveraAdvantage	59274	Y	No	Claims
Averde Health	46045	Y	No	Claims
Avesis Third Party Administrators	48055	Y	No	Claims
BCBS Medicare Advantage	26355	Y	No	Claims
BCBS State of Mississippi	87098	N	No	Claims
BCBS TN Fep	mibc2		Yes	ERA
BCBS TennCare	msbc1	N	Yes	Claims
BCBS Tennessee Bluecare	tnbc3	N	Yes	Claims
BCBS of Alabama - Medicare	tnbc2	N	Yes	Claims
BCBS of Kansas City, MO	tnbc2	N	Yes	Claims
BCBS of Louisiana	00423	N	No	Eligibility
BCBS of NY/Wellchoice of NJ	47171	Y	No	Claims
BCI Administrators, Inc. Farmington Hills MI	23738	N	No	Claims
BHSG of Tennessee	nybc0		Yes	ERA
BMC HelathNet Plan	49153	Y	No	Claims
BPA/Benefit Plan Admin ND	49153	Y	No	Claims
Banner Health AZ	49153	Y	No	Claims
Banner Health Co Antero Greeley	49153	Y	No	Claims
Banner Health Co Antero High Plains	49153	Y	No	Claims
Banner Health Co Antero Mountain Shadows	49153	Y	No	Claims
Banner Health Co Choice Plus	49153	Y	No	Claims
Banner Health Co HMO Greeley	49153	Y	No	Claims
Banner Health Co HMO High Plains	49153	Y	No	Claims
Banner Health Co HMO Mountain Shadows	49153	Y	No	Claims
Banner Health Co Pacificare Greeley	49153	Y	No	Claims
Banner Health Co Pacificare High Plains	49153	Y	No	Claims
Banner Health Co Pacificare Mountain Shadows	49153	Y	No	Claims

Payer must receive REF*1B*Provider ID in Billing and Rendering even when NPI is submitted.

Please include Network ID (PIN) when submitting claim. Call Client Services to obtain a Network ID.

Payer ID valid only for claims with a billing submission address of P.O. Box 35276 Canton, OH 44735-5276

Please send these EDI claims to the Payer ID of the PPO shown on the Members ID Card. If you have any questions, please call 260-489-6447 (703).

Please include Group Number when submitting claims.

The Insured ID and Patient ID fro this payer must be the 11-digit Member ID.

Vision claims only.

Dental

Payor ID can only be used for claims located in Farmington Hills MI. Payor required a 9 digit numeric insured group number. If not present claim will reject.

Provider ID required and should be at least 12 digits, all numeric.

Fargo, North Dakota only

Banner Health Co Rocky Mountain HMO Greeley	sx145	N	No	Claims	
Banner Health Co Rocky Mountain HMO High Plains	sx145	N	No	Claims	
Banner Health Co Secure Horizons Greeley	sx145	N	No	Claims	
Banner Health Co Secure Horizons High Plains	sx145	N	No	Claims	
Banner Health Co Secure Horizons Mountain Shadows	sx145	N	No	Claims	
Banner Health Systems	sx145	N	No	Claims	
Bass Administrators, Inc.	37248	Y	No	Claims	
Beacon Health Strategies	43324	Y	No	Claims	
Beech Street Corporation	95377	Y	No	Claims	Beech Street's payor client claims should only be sent to Beech ST for repricing if the subscriber's ID card indicates "send clams to Beech St at the following address: Beech St Corp PO Box 57015 Irvine, CA 926197015. All other claims' are to be sibmitted directly to the payor as directed on the subscriber's card. mrs
Behavioral Health Systems	63100	Y	No	Claims	
Benecorp National Corporation	33192	Y	No	Claims	Please do not confuse this payor with BENICORP INSURANCE COMPANY this payor only takes papaer claims.
Benefit Administrative Systems	36149	Y	No	Claims	
Benefit Coordinators Corp. (Pittsburgh, PA)	25145	Y	No	Claims	Payor ID only valid for claims with a billing submission address of: 111 Ryan Court, Ste. 300, Pittsburgh, PA 15205 DO-20-Billing Provider Blue Cross Blue Shield ID is required. Must be either 5 or 10 alphanumeric characters in length.
Benefit Management Services	00999	Y	No	Claims	
Benefit Management Systems, Inc.	37212	Y	No	Claims	
Benefit Managemnt Services	labc1	N	Yes	Claims	
Benefit Plan Administrators (BPA)	88027	Y	No	Claims	Only those providers located in Nevada should send claims in for processing by BPA
Benefit Plan Administrators Co. (Eau Claire, WI)	39081	Y	No	Claims	Payer ID valid only for claims with a billing submission address of PO Box 1128, Eau Claire, WI 54702 -1128. Please call Mary Bender at (940) 345-2721 to verify if you should be sending to the Benefit Plan Administrators, Inc., in Roanoke, VA
Benefit Plan Administrators, Inc. (Roanoke, VA)	37118	Y	No	Claims	
Benefit Planners, Inc.	74223	Y	No	Claims	
Benefit Systems & Services, Inc. (BSSI)	36342	Y	No	Claims	
Benefit Trust Life Insurance Company	61425	Y	No	Claims	
Benefits Management GRP, Inc.	20018	Y	No	Claims	
Benesight	7455	N	No	Claims	
Benesight	87265	Y	No	Claims	
Benesys-LHP Claims Unit	37248	Y	No	Claims	(Formerly known as The TPA)
Benesys/Benesys, Inc.	37248	Y	No	Claims	
Best Life & Health Insurance Co.	95604	Y	No	Claims	
Best Life and Health	00257	Y	No	Eligibility	
Better Health Plans of South Carolina	32006	Y	No	Claims	
Better Health of Florida	20488	N	No	Claims	Florida Medicaid Plan
Blue Care Network Claims	jvhjj	N	No	Claims	
Blue Choice	mobc1	N	Yes	Claims	A Provider ID is require to submit claims. Please contact your Client Advocate before submitting claims. 405-942-9800
Blue Choice Medicaid Managed Care	00403	N	No	Claims	
Blue Cross Blue Shield Alabama	albc0	N	Yes	Claims	
Blue Cross Blue Shield Alaska	akbc0	N	Yes	Claims	
Blue Cross Blue Shield Arizona	azbc0	N	Yes	Claims	
Blue Cross Blue Shield Arkansas	arbc0	N	Yes	Claims	
Blue Cross Blue Shield	cobc0	N	Yes	Claims	

Colorado					
Blue Cross Blue Shield Connecticut	ctbc0	N	Yes	Claims	
Blue Cross Blue Shield Connecticut	ctbc2	N	Yes	Claims	
Blue Cross Blue Shield Connecticut	ctbc1	N	Yes	Claims	
Blue Cross Blue Shield District of Columbia	dcbc0	N	Yes	Claims	
Blue Cross Blue Shield Florida	flbc0	N	Yes	Claims	
Blue Cross Blue Shield Georgia	gabc0	N	Yes	Claims	
Blue Cross Blue Shield Illinois	ilbc0	N	Yes	Claims	
Blue Cross Blue Shield Illinois	ilbc1	N	Yes	Claims	
Blue Cross Blue Shield Iowa	iabc0	N	Yes	Claims	
Blue Cross Blue Shield Kentucky	kybc0	N	Yes	Claims	
Blue Cross Blue Shield Louisiana	labc0	N	Yes	Claims	
Blue Cross Blue Shield Maryland	mdbc0	Y	No	Claims	
Blue Cross Blue Shield Memphis	tnbc1	N	Yes	Claims	
Blue Cross Blue Shield Michigan	mibc0	N	Yes	Claims	
Blue Cross Blue Shield Michigan	mibc1	N	Yes	Claims	
Blue Cross Blue Shield Minnesota	mnbc0	N	Yes	Claims	
Blue Cross Blue Shield Mississippi	msbc0	N	Yes	Claims	
Blue Cross Blue Shield Nebraska	nebc0	N	Yes	Claims	
Blue Cross Blue Shield Nevada	nvbc0	N	Yes	Claims	
Blue Cross Blue Shield New Mexico	nmbc0	N	Yes	Claims	
Blue Cross Blue Shield New York Empire	nybc0	N	Yes	Claims	
Blue Cross Blue Shield North Carolina	ncbc0	N	Yes	Claims	
Blue Cross Blue Shield Ohio	ohbc0	N	Yes	Claims	
Blue Cross Blue Shield Oklahoma	okbc0	N	Yes	Claims	
Blue Cross Blue Shield Pennsylvania	pabc0	N	Yes	Claims	
Blue Cross Blue Shield South Dakota	sdbc0	N	Yes	Claims	
Blue Cross Blue Shield Tennessee	tnbc0	N	Yes	Claims	
Blue Cross Blue Shield Texas	txbc0	N	Yes	Claims	
Blue Cross Blue Shield Virginia	vabc0	N	Yes	Claims	
Blue Cross Blue Shield West Virginia	wvbc0	N	Yes	Claims	
Blue Cross Blue Shield of Alabama	00266	N	Y	Eligibility	
Blue Cross Blue Shield of Arizona	00090	N	Y	Eligibility	
Blue Cross Blue Shield of Arkansas	bcarc	N	No	Eligibility	
Blue Cross Blue Shield of Connecticut	bcctc	N	No	Eligibility	
Blue Cross Blue Shield of Florida	00267	N	Y	Eligibility	
Blue Cross Blue Shield of Georgia	00151	N	Y	Eligibility	
Blue Cross Blue Shield of Illinois	00268	N	No	Eligibility	

Blue Cross Blue Shield of Iowa	bciac	N	No	Eligibility	
Blue Cross Blue Shield of Kansas	bcksc	N	No	Eligibility	
Blue Cross Blue Shield of Louisiana	00083	N	No	Eligibility	
Blue Cross Blue Shield of Maine	bcmec	N	No	Eligibility	
Blue Cross Blue Shield of Massachusetts	00139	N	No	Eligibility	
Blue Cross Blue Shield of Michigan	bcmic	N	No	Eligibility	
Blue Cross Blue Shield of Minnesota	00269	N	Y	Eligibility	
Blue Cross Blue Shield of Mississippi	00075	N	No	Eligibility	
Blue Cross Blue Shield of Nevada	00418	N	No	Eligibility	
Blue Cross Blue Shield of New Mexico	00270	N	Y	Eligibility	
Blue Cross Blue Shield of Ohio	bciobcohc	N	No	Eligibility	
Blue Cross Blue Shield of Oregon (Regence)	bcorc	N	No	Eligibility	
Blue Cross Blue Shield of Pennsylvania - Highmark	00440	N	No	Eligibility	
Blue Cross Blue Shield of Rhode Island	bcric	N	No	Eligibility	
Blue Cross Blue Shield of South Carolina	bcsc	N	No	Eligibility	
Blue Cross Blue Shield of South Dakota	bcsdc	N	No	Eligibility	
Blue Cross Blue Shield of Texas	00271	N	Y	Eligibility	
Blue Cross Blue Shield of Virginia	bcvac	N	No	Eligibility	
Blue Cross of California	00039	N	Y	Eligibility	
Blue Cross of California	cabco	N	No	Claims	California License number required
Blue Cross of California	00039	N	Y	Eligibility	
Blue Cross of Idaho	bcidc	N	No	Eligibility	
Blue Cross of Missouri	mobco	N	Yes	Claims	
Blue Cross of Missouri Bluechoice	mobc1	N	Yes	Claims	
Blue Cross of New Jersey	22099		Yes	ERA	
Blue Cross of Northeastern Pennsylvania	bcnpc	N	No	Eligibility	
Blue Medicare PPO New Mexico	nmpo	N	No	Claims	
Blue Medicare PPO Texas	txppo	N	No	Claims	
Blue Shield of California	00361	N	No	Eligibility	
Blue Shield of California	94036	Y	No	Claims	Group number is required
Blue Shield of Missouri	mobco	N	Yes	Claims	A Provider ID is require to submit claims. Please contact your Client Advocate before submitting claims. 405-942-9800
BlueShield of Washington (Regence)	bswac	N	No	Eligibility	
Bluegrass Family Health	61124	Y	No	Claims	
Bluegrass Family Health	61124		Yes	ERA	
Bluelincs	okbc	N	No	Claims	
Boilermakers National Health & Welfare Fund	36609	Y	No	Claims	
Boon-Chapman Benefit Administrators, Inc.	74238	Y	No	Claims	
Boston Medical Center Health Plan, Inc.	13337	Y	No	Encounters	Provider ID required and should be at least 12 digits, all numeric.
Boston Medical Center Health Plan, Inc.	13337	Y	No	Claims	Provider ID required and should be at least 12 digits, all numeric.
Boston Medical Center Healthnet Plan Inc	bosmd		Yes	ERA	
Bravo Health	elder	Y	No	Eligibility	

Bravo Health	52192		Yes	ERA	
Bravo Health	52192	Y	No	Claims	aka as Elder Health services providers in the Maryland and Pennsylvania area only. Not to be confused with ElderPlan NY.
Bridgestone Claims Service Akron OH	37285	Y	No	Claims	
Bridgeway Arizona - Temple	68054	Y	No	Claims	
Brokerage Concepts, Inc.	51037	Y	No	Claims	
Brodart	35182	Y	No	Claims	
Brown & Toland Medical Group	94316	Y	No	Claims	
Buckeye Community Health Plan	32004		Yes	ERA	
Buckeye Community Health Plan	32004	Y	Yes	Claims	Payor enrollment required call EDI at 800-225-2573 ext 25525
Butler Benefit	42150	Y	No	Claims	
C&O Employees Hospital Assoc.	23708	Y	No	Claims	
C. L. Frates & Co - OSMA Health	73071	Y	No	Claims	
CA Blue Cross	cabc0		Yes	ERA	
CA Blue Shield	cabs0		Yes	ERA	
CA Medicaid	camk0		Yes	ERA	
CBCA Administrators	55438	Y	No	Claims	
CBCA Administrators (HRM)	41170	Y	No	Claims	Formerly Health Risk Management (HRM)
CBSA	41124	Y	No	Claims	
CDO Technologies	87065	Y	No	Claims	
CDS Group Health	88022	Y	No	Claims	
CHA	00326	N	No	Eligibility	
CHA Health	23171	Y	No	Claims	
CHAMPVA - HAC	00232	Y	No	Eligibility	
CHCcares of South Carolina	25151	N	No	Claims	
CHOC-Childrens Hospital of Orange Co Health Alliance	33065	Y	No	Claims	
CHP/PRU Alliance	call	N	Yes	Claims	Please contact Client Services for Payer ID
CIGNA	62308	Y	No	Claims	
CIGNA	00001	Y	No	Eligibility	
CIGNA Health Plan - HMO	62308	Y	No	Claims	
CIGNA HealthCare	00001	Y	No	Eligibility	
CIGNA Medicare Advantage	86033	Y	No	Claims	
CIGNA PPA	62308	Y	No	Claims	
CIGNA-PPO	62308	Y	No	Claims	
CNA Health Partners (PCP Only)	call	N	No	Claims	Call Client Services.
CNA Health Partners Repricing - AR	71063	Y	No	Claims	(Formerly CoreSource Repricing [48153])
CO BCBS	cobc0		Yes	ERA	
CO Medicaid	comk0		Yes	ERA	
CO Medicare	comc0		Yes	ERA	
CT Medicaid	ctmk0		Yes	ERA	
CWIBENEFITS, INC.	57080	Y	No	Claims	
Cadent Administrators	33192	Y	No	Claims	
Cadent Underwriters	33192	Y	No	Claims	
California Medicaid - Medi-Cal	aid11	N	No	Eligibility	
Cannon Cochran Management Services, Inc. Metairie, LA	71057	Y	No	Claims	
Cape Health Plan	38245	Y	No	Claims	Provider must be in the state of Michigan in order to be eligible for electronic submission. All other providers must submit claims on paper.
Capital BC and Capital Advantage Insurance (CAIC)	23045	Y	No	Claims	
Capital BlueCross	bccbc	N	No	Eligibility	
Capital Community Health Plan	87726	Y	No	Claims	
Capital Health Plan	95112	Y	No	Claims	Payer will accept either rendering provider UPIN or NPI on claims.
Capitol Administrators	68011	Y	No	Claims	
Capitol Blue Cross PA	pabc1	N	Yes	Claims	
Capstone Health Plan	86044	Y	No	Claims	
Care 1st Health Plan of AZ	57116	Y	No	Claims	

Care Choices HMO/Preferred Choices of Michigan PPO	2755	N	No	Claims	
Care Improvement Plus	77082	Y	No	Claims	
Care Oregon	93975		Yes	ERA	
Care To Care	41222	Y	No	Claims	
Care Wisconsin Health Plan	27004	Y	No	Claims	
CareCore HealthNet	14184	Y	No	Claims	PO Box 61023 Anaheim, CA 928036123 mrs. The Payer requires the following - Additional Provider Info E6; RENDERING PROVIDER NETWORK ID - E6 -14, REFERRING PROVIDER ID E0-25, FACILITY INFO - J0, FACILITY ID J0-10
CareCore National	14182	Y	No	Claims	
CareCore National, LLC (Aetna Radiology Claims)	14179	Y	No	Claims	Formerly NYMI - Aetna Radiology claims
CareCore National, LLC (Oxford Radiology Claims)	14180	Y	No	Claims	Formerly nymi oxford
CareCore National, LLC Health Net New Jersey	14185	Y	No	Claims	
CareGuide	16147	Y	No	Claims	
CareOregon	93975	Y	No	Claims	This Payor ID is only valid for this address: PO Box 40328 Portland, OR 97240-0328
CarePlus Cardiology - New Century Health	nch04	N	No	Claims	
CarePlus Dermatology - New Century Health	nch01	N	No	Claims	
CarePlus Health Plan	00324	Y	No	Eligibility	
CareSource	00325	N	No	Eligibility	
CareSource OH	31114	Y	No	Claims	
Carefirst Blue Cross NCA Region	sb580	N	Yes	Claims	
Carefirst Bluecross MD Region	sb690	Y	No	Claims	
Carelink Advantra	00160	Y	No	Eligibility	
Carelink Medicaid	00182	Y	No	Eligibility	
Carelink Medicaid	25140	N	No	Claims	
Carelink-Commercial	25139	N	No	Claims	WV HealthAssurance and Carelink commercial claims only. For Carelink Medicaid, send on paper to PO Box 7373, London, KY 40742. Please send claims to payor ID 25140.
Carenet	00190	Y	No	Eligibility	
Carenet	25142	N	No	Claims	
Careplus Health Plans	65031	Y	No	Claims	Formely Physicians Health Plans Inc Caresource of Indiana requires a valid 12-digit Provider ID for claims to be processed electronically. If you are unsure of what your 12-digit Provider Number is contact Caresource at (800) 488-0134
Caresource Indiana	37311	Y	No	Claims	
Careworks ODRC	j1410		Yes	ERA	
Careworks/Medical Mutual of OH	10010	Y	No	Claims	Payer is receiving NSF 3.0 eMCDS file is sent to OKC and then translated to NSF 3.0. Files are then pushed to Careworks' Production Server.
Cariten Healthcare	62072	Y	No	Claims	Group number is required on all claims or they will reject.
Cariten Healthcare	62073	Y	No	Claims	Group number is required on all claims or they will reject.
Cariten Healthcare	00291	Y	No	Eligibility	
Cariten Senior Health	00363	Y	No	Eligibility	
Carolina Care Plan	57105	Y	No	Claims	
Carolina Crescent Health Plan, Inc	sx191	Y	Yes	Claims	
Carolina Summit Healthcare, Inc.	56195	Y	No	Claims	
Carpenters Hlth & Welfare Trust Fund of St. Louis/CMR	25125	N	No	Claims	Utilizes the CMR Network.
Caterpillar Inc.	37060	N	No	Claims	
Catholic Healthcare West	sx183	N	No	Claims	
Cdphp	cdphp	N	No	Claims	
Cedars-Sinai Medical Network Services	95167	Y	No	Encounters	
Cedars-Sinai Medical Network Services	95166	Y	No	Claims	
CeltiCare	68060	Y	No	Claims	
Celtic Insurance	celtc	Y	No	Claims	
Celtic Insurance	68063	Y	No	Claims	

Cement Masons & Plasterers Health & Welfare Trust - Grp# F16	91136	Y	No	Claims	Please include Group Number when submitting claims.
Cempatico South Carolina	68059	Y	No	Claims	
Cenpatico Behavioral Health of AZ	68048	Y	Yes	Claims	Enrollment required. Please call 800-225-2573 ext 25525 prior to submitting claims.
Cenpatico Behavioral Hlth KS	68047	Y	Yes	Claims	Enrollment required. Please call 800-225-2573 ext 25525 prior to submitting claims.
Cenpatico Georgia	68050	Y	Yes	Claims	Enrollment required. Please call 800-225-2573 ext 25525 prior to submitting claims.
Cenpatico Indiana	68052	Y	No	Claims	
CenterCare	13357	Y	No	Claims	
Centra Healthplan	75196	Y	No	Claims	(Formerly Health Economics Corp.)
Central Benefits Life	31118	Y	No	Claims	
Central Benefits Mutual	31118	Y	No	Claims	
Central Benefits National	31118	Y	No	Claims	
Central Reserve Life	34097	Y	No	Claims	
Central States Health & Welfare Funds	36215	Y	No	Claims	
Century Health Solutions in Topeka Ks	48120	Y	No	Claims	Group number is required by this payor.
Champ VA Crossover	80214		Yes	ERA	
ChampVA - HAC	84146	Y	No	Claims	No association with and does not process claims for TRICARE (formerly CHAMPUS).
Champus Tricare	chpwi	N	Yes	Claims	
Champus Tricare	chpsc	N	Yes	Claims	
Champus Tricare (North/South)	chpsc		Yes	ERA	
Champva/Champ VA	84146		Yes	ERA	
Chautauqua County Healthcare plan (Mayville, NY)	16600	Y	No	Claims	
Chesapeake Life Insurance Company - Insurance Center	59223	Y	No	Claims	Payer ID valid only if the address on the Health ID Card matches the following: P.O. Box 982017, North Richland Hills, TX 76182.
Chesapeake National Life Insurance (MEGALIFE)	00207	Y	No	Eligibility	
Chesterfield Resources, Inc. Chickering	34154	Y	No	Claims	
Children of Women Veterans-Veterans-VA HAC	60054	Y	No	Claims	
Children of Women Veterans-Veterans-VA HAC	84146	Y	No	Claims	
Children of Women Veterans-Veterans-VA HAC	00232	Y	No	Eligibility	
Childrens Health Indiana	inmk1		Yes	ERA	
Childrens Health Indiana	inmk1	N	Yes	Claims	
Childrens Mercy Family Health Partners/Healthwave KS	31472		Yes	ERA	
Childrens Mercy Family Health Partners/Healthwave of KS	31472	Y	No	Claims	This payor id is only valid for patients in Kansas
Childrens Mercy Family Health Partners/MC+ Missouri	43173	Y	No	Claims	
Chinese Community Health Plan CCHP	94302	Y	No	Claims	Unique CCHP Provider ID required on claims. Call Client Services at 405-942-9800 for additional info prior to first claims submission.
Choice One/UTMB CHIP Health Plan	76049	Y	No	Claims	Prior to submitting please call Client Services Formerly known as UTMB HealthCare Systems
Christian Brothers Services	61271	Y	No	Claims	
Christian Brothers Services	00143	Y	No	Eligibility	
Cigna	62308		Yes	ERA	
Cigna Behavioral Health	sx071	N	No	Claims	
Cigna Healthcare for Seniors-AZ Medicare	62308	Y	No	Claims	
Cincinnati Financial Corporation	46871	N	No	Claims	
CI Frates and Co	clfok	N	No	Claims	
Claim Managment Services of WI	ofcmswi	N	No	Claims	
Claim Management Services	39141	Y	No	Claims	
ClaimsWare, Inc. dba ManageMed	57080	Y	No	Claims	

Clarendons Healthy Kids	33192	Y	No	Claims	
Clearchoice Health Plan / COIHS	77201	Y	No	Claims	
Colorado Access	00060	N	No	Eligibility	
Colorado Access	84129	Y	No	Claims	
Colorado Medicaid	aid14	N	No	Eligibility	
Columbia United Providers	91162	Y	No	Claims	
Columbia United Providers	91162		Yes	ERA	
Combined Benefits, Inc.	37271	Y	No	Claims	
Commerce Benefits Group	34181	Y	No	Claims	
CommonWealth Administrative Group	37237	Y	No	Claims	
Commonwealth Care Alliance	14315	Y	No	Claims	
Community Care Bho	23282	Y	No	Claims	
Community Care Managed Health Care Plans of Oklahoma	73143	Y	No	Claims	
Community Care Organization	39126	Y	No	Claims	
Community Care Plus/Mercy Care Plus	71079	Y	No	Claims	
Community Care of Oklahoma	00448	N	No	Eligibility	
Community Choice Michigan.ccm	38325	Y	No	Claims	
Community First	commf	N	No	Claims	
Community Health Alliance	35193	Y	No	Claims	
Community Health Choice	48145	Y	No	Claims	
Community Health Electronic Claims /CHEC/webTPA	75261	Y	No	Claims	
Community Health Network of CT	62149	Y	No	Claims	Community Health Network of CT cannot accept electronic claims for Anesthesia. If you have questions on how to submit these claims, please contact Client Services: (405) 942-9800
Community Health Plan	90010	Y	No	Claims	Located in St. Joseph, MO. Service area includes NW Missouri, NE Kansas, SW Iowa, and SE Nebraska.
Community Health Plan WA	chpwa		Yes	ERA	
Community Hlth Plan WA	chpwa	Y	No	Claims	
Community Premier Plus for Neighborhood Health Providers	32481	Y	No	Claims	
Comp Ohio Austintown	34177	Y	No	Claims	
CompBenefit Corporation	37297	Y	No	Claims	
CompCare	95112	N	No	Claims	Accepts Medicaid Claims
Comprehensive Behavioral Care	59314	Y	No	Claims	
Comprehensive Benefits Administrator, Inc.	03036	Y	No	Claims	
Comprehensive Care Management	ccmc1	Y	No	Claims	
ConnectiCare, Inc	06105	Y	No	Claims	
Connecticare - Medicare	78375	Y	No	Claims	
Connecticut Carpenters Health Fund	37307	Y	No	Claims	
Connecticut General	00001	Y	No	Eligibility	
Connecticut General (CIGNA)	62308	Y	No	Claims	
Connecticut Medicaid	aid24	N	No	Eligibility	
Consociate Group	37135	Y	No	Claims	
Consolidated Associates Railroad Dallas TX	75284	Y	No	Claims	Payor ID can only be used for claims located in Dallas TX. If group number is available this information should be entered
Consolidated Associations of Railroad Employees	00261	Y	No	Eligibility	
Consolidated Health Plans	87843	Y	No	Claims	
Continental General Insurance Company	71404	Y	No	Claims	
Contractors Laborers Teamsters and Engineers	47046	Y	No	Claims	
Conversion Plan APWU	55544	Y	No	Claims	
Cook Childrens Star Plan	cchp9	N	No	Claims	Receiver type D
Cook Group Health Plan	35149	Y	No	Claims	
Cooperative Benefit	00223	Y	No	Eligibility	

Administrators						
Cooperative Benefit Administrators	52132		Yes		ERA	
Cooperative Benefit Administrators- CBA	52132	Y	No		Claims	
Cooperative Managed Care Services/Indianapolis IN	35199	Y	No		Claims	
Coordinated Medical Specialists	58204	Y	No		Claims	
Core Administrative Services	58231	Y	No		Claims	
CoreSource (AZ & MN)	00234	Y	No		Eligibility	
CoreSource AZ MN	41045	Y	No		Claims	Only for claims where the "submit claims to address" on the medical ID card is a CoreSource address in the states of Arizona or Minnesota.
CoreSource Little Rock	75136	Y	No		Claims	Only for claims where the "submit claims to address" on the medical ID card is a CoreSource address in Little Rock, Arkansas. For assistance call Client Services (405) 942-9800.
CoreSource MD PA IL	35182	Y	No		Claims	
CoreSource OH	35183	Y	No		Claims	Claims submitted to this address PO Box 279 Sheldon, IA 512010279 should use this payor id.
CoreSource of North Carolina	35180	Y	No		Claims	Only for claims where the "submit claims to address" on the medical ID card is a CoreSource address in the states of North Carolina or Indiana. For assistance call 800-689-0106.
Coresource	35183		Yes		ERA	
Coresource	35182		Yes		ERA	
Coresource Little Rock	00205	Y	No		Eligibility	
Coresource MD PA IL	00236	Y	No		Eligibility	
Coresource NC IN	00238	Y	No		Eligibility	
Coresource OH	00239	Y	No		Eligibility	
Cornerstone Benefit Admin	35202	Y	No		Claims	
Corporate Benefit Services of America	41124	Y	No		Claims	Payer ID valid only for claims with a billing submission address of P.O. Box 27267, Minneapolis, MN 55427-0267.
Corporate Benefits Service	00377	N	No		Eligibility	
Corporate Benefits Services, Inc (NC)	56116	Y	No		Claims	Payor ID valid only for claims with a claims submission address of P.O. Box 12953, Charlotte, NC 28220
Corporate Systems Admin.	37246	Y	No		Claims	
Correctional Medical Services	43160	Y	No		Claims	
Country Life Insurance Company	62553	Y	No		Claims	
County of Hennepin State of Minnesota - Metropolitan	mhpln	Y	No		Eligibility	
Covenant Administrators, Inc. (Atlanta, GA)	58102	Y	No		Claims	
Covenant Health	58102	Y	No		Claims	
Coventry Health Care of Delaware Inc.	00166	Y	No		Eligibility	
Coventry Health Care of Georgia Inc.	00154	Y	No		Eligibility	
Coventry Health Care of Iowa Inc.	00170	Y	No		Eligibility	
Coventry Health Care of Kansas Inc.	00172	Y	No		Eligibility	
Coventry Health Care of Kansas, Kansas City	25133	N	No		Claims	
Coventry Health Care of Kansas, Wichita	25133	N	No		Claims	
Coventry Health Care of Louisiana Inc.	00158	Y	No		Eligibility	
Coventry Health Care of Nebraska Inc.	00176	Y	No		Eligibility	
Coventry Health Care, formerly Advantra Freedom/Savings	25133	N	No		Claims	
Coventry Health Care, formerly Advantra- Texas, New Mexico, Arizona	25133	N	No		Claims	
Coventry Health Care, formerly Conventy Hlth Care	25133	N	No		Claims	

Nat'l Network/First Hlth/Alta Hlth Strategies							
Coventry Health Care, formerly Coventry Health and Life Insurance (Tennessee)	25133	N	No	Claims			
Coventry Health Care, formerly Health America/Health Assurance/Advantra	25133	N	No	Claims			
Coventry Health Care, formerly Personal Care	25133	N	No	Claims			
Coventry Health Care, formerly Southern Health Services	25133	N	No	Claims			Effective September, 2002, Qualchoice of VA members have been migrated to this Payor ID. Please call Client Services with any questions.
Coventry Health Care, formerly University of Missouri	25133	N	No	Claims			
Coventry Health Care, formerly WellPath	25133	N	No	Claims			
Coventry Health Care, formerly known as Mail Handlers Benefit Plan	25133	N	No	Claims			Also known as Mailhandlers/CAC.
Coventry Health Care, formerly of Delaware	25133	N	No	Claims			
Coventry Health Care, formerly of Georgia	25133	N	No	Claims			
Coventry Health Care, formerly of Iowa	25133	N	No	Claims			
Coventry Health Care, formerly, of Nebraska	25133	N	No	Claims			
Coventry Health Plan, formerly Altius	25133	N	Yes	Claims			
Coventry Health and Life (Oklahoma)	00441	Y	No	Eligibility			
Coventry Health and Life (Tennessee Only)	00455	Y	No	Eligibility			
Coventry Health&Life of Oklahoma	25133	N	No	Claims			
Coventry Health, formerly of Louisiana	25133	N	No	Claims			
Coventry Health Care, formerly Group Health Plan (GHP/Advantra)	25133	N	No	Claims			
Coventry of the KS	25133		Yes	ERA			
Coventry, formerly Mutual of Omaha Insurance Company	25133	N	No	Claims			
Cox Health Systems	00019	N	No	Claims			
Creative Medical Systems	64068	Y	No	Claims			
Creative Plan Administrators	37320	Y	No	Claims			East Hartford Connecticut location
Croy-Hall/ Southwest Service Life	37266	Y	No	Claims			This payer id is valid only for claims with a billing submission address of P.O. Box 982005 Fort Worth, TX 76182
Custom Benefit Administrators	39170	Y	No	Claims			
DC BCBS	dcbs0		Yes	ERA			
DC Chartered Health Plan, Inc. (Medicaid & Alliance)	95748	Y	No	Claims			
DC Medicaid	dcmk0		Yes	ERA			
DC Medicare	dcmc0		Yes	ERA			
DE BCBS	debc0		Yes	ERA			
DE Medicaid	demk0		Yes	ERA			
DGA Producer Health Plan	23706	Y	No	Claims			
Dakotacare	dak01	N	No	Claims			
Dart Container Corporation	dartc	N	No	Claims			
Dart Management Corporation	06172	Y	No	Claims			
Davita Health	33066	Y	No	Claims			
Dean Health Plan	39113	N	No	Claims			If group number is available this information should be entered.
Dean Health Plan	39113		Yes	ERA			
Definity Health	64159	Y	No	Claims			
Delaware Physicians Care	27009	Y	No	Claims			
Newark DE							

Delta Health Systems	94235	Y	No	Claims	Delta Health Systems, located in Stockton, CA. Payor ID can only be used for claims located in Denver Colorado.
Denver Health - Indigent	84134	Y	No	Claims	
Denver Health Medical Plan	84135	Y	No	Claims	
Denver Health Medical Plan, Inc.	84131	Y	No	Claims	
Denver Health and Hospital Authority	84133	Y	No	Claims	
Dermatology Network Solutions	58204	Y	No	Claims	
Deseret Mutual	sx105		Yes	ERA	
Deseret Mutual	sx105	N	Yes	Claims	
Destiny Health	36436	Y	No	Claims	
Detroit Medical Center	56240	Y	No	Claims	
Diamond Plan	00177	Y	No	Eligibility	
Diamond Plan	25131	N	No	Claims	
Diatri, LLC	36439	Y	No	Claims	
Directors Guild of America - Producers	00259	Y	No	Eligibility	
District of Columbia Medicaid	aid52	N	No	Eligibility	
Diversified Administration	06102	Y	No	Claims	Please verify the Payer ID on the Member ID card in addition to the Payer City and State before submitting claims to Diversified Admin (Payer ID 06102)
Dreyer MCA	dreyr	Y	No	Claims	
Driscoll Childrens Health Plan	74284	Y	No	Claims	
Dunn & Associates Benefit Admin	35186	Y	No	Claims	
E-V Benefits Management, Inc (Columbus OH)	34159	Y	No	Claims	Payer ID only for claims with billing submission address of PO Box 94928, Cleveland, OH 44101-4928 or PO Box 89476, Cleveland OH 44101-5476.
EBMC	31074	Y	No	Claims	The Physicians Assurance Corp (TPAC) /Employee Benefit Management Corp (EBMC)
EBMS	sx182	N	No	Claims	
EBS OF OHIO	34166	Y	No	Claims	Payer ID valid for claims with a submission address of PO Box 2568, Mansfield, OH 44906.
EDS	47163	N	No	Claims	
EHC-Employers Health Coalition	tcusa	N	No	Claims	PO Box 6029, Ft Smith AR 72906-6029 (mrs)
EHC-True Choice USA	tcusa	N	No	Claims	
ENH Medical Group IPA	36364	Y	No	Claims	
EQUICOR	00001	Y	No	Eligibility	
EQUICOR	62308	Y	No	Claims	
EQUICOR PPO	62308	Y	No	Claims	
EQUICOR - PPO	00001	Y	No	Eligibility	
ES Beveridge and Associates	3410		Yes	ERA	
ES Beveridge and Associates	34108	Y	No	Claims	
Educators Mutual (EMIA)	sx110	N	Yes	Claims	
Elder Health MA and PA	52192	Y	No	Claims	Elder Health services providers in the Maryland and Pennsylvania area only. Not to be confused with ElderPlan NY.
ElderPlan Inc	31625	Y	Yes	Claims	Elderplan will only accept electronic claims from certified providers. Call 718-491-7280 for certification process
Elmco	37253	Y	No	Claims	
Emerald Health Network, Inc. (All PPO Business)	34167	Y	No	Claims	
Emi KP Ambulance Claims	59299	Y	No	Claims	
Empire Blue Cross and Blue Shield	00044	N	No	Eligibility	
Empire Medicare Services	smny0	N	Yes	Claims	
Employee Benefit Concepts (Farmington Hills, MI)	38241	Y	No	Claims	
Employee Benefit Consultants Milwaukee WI	37257	N	No	Claims	Claims with the following submission address can be sent electronically using Payor ID: Employee Benefits Consultants 9275 N 49th St. Ste 300 Milwaukee WI 53223 If group number is available this information should be entered.
Employee Benefit Corporation	37215	Y	No	Claims	Formerly John P. Pearl Associates
Employee Benefit Services	37216	Y	No	Claims	Please verify the payor id on the id card before submitting claims.
Employee Benefit Services of	41198	Y	No	Claims	

LA, inc (EBS)						
Employee Benefits Administration and Management Corp.	22262	N	No	Claims		
Employee Benefits Plan Administration, Inc. (E.B.P.A.)	03036	Y	No	Claims		
Employee Claim Adj	75184	Y	No	Claims		
Employee Plans, LLC	35112	Y	No	Claims		
Employer Plan Services	74212	Y	No	Claims		
Employers Direct Health	75232	Y	No	Claims		
Employers Direct Health - SF	75233	Y	No	Claims		
Employers Direct Health Employee Plan	75236	Y	No	Claims		
Employers Direct Health-FI	75235	Y	No	Claims		
Employers Insurance of Wausau - aka Wausau	39026	Y	No	Claims		
Employers Mutual, Inc (Jacksonville, Florida)	59298	Y	No	Claims		
Employers Mutual, Inc. (Stuart, Florida)	59331	Y	No	Claims		For plan and claim requirements, please contact Client Services. 405-942-9800
Encircle PPO	35206	Y	No	Claims		
Encompass	37110	Y	No	Claims		
Encore Health Network	35206	Y	No	Claims		
Enstar Natural Gas - Grp# P61	91136	Y	No	Claims		Please include Group Number when submitting claims.
Equitable (CIGNA)	62308	Y	No	Claims		
Equitable Plan Services	73126	Y	No	Claims		Payor ID valid only for claims with a billing submission address of P.O. Box 720460, Oklahoma City, OK 73172
Erin Group Administrators	23250	Y	No	Claims		
Erin Group Administrators	00191	Y	No	Eligibility		
Essence Healthcare	20818	Y	No	Claims		
Evercare	00112	Y	No	Eligibility		
Evercare	87726	Y	No	Claims		
Evercare Star Plus	07501	Y	No	Claims		
Everence	35605	Y	No	Claims		
Evergreen Health Plan	58233	Y	No	Claims		
Evolutions Healthcare Systems New Port Richie FL	59313	Y	No	Claims		Claims with the following submission address can be electronically used with this payor id (59313) PO Box 5001 New Port Richie, FL 34656
ExclusiCare	71412	Y	No	Claims		
FABOH	39112		Yes	ERA		
FABOH	39112	Y	No	Claims		
FACS GRP/Federated HR Srvc/ Federated Benefits	37300	Y	No	Claims		
FARA Benefit Services, Inc.	37289	Y	No	Claims		Processes Health Plan Claims! NO WORKMENS COMP CLAIMS
FCE Benefit Adm Burlingame CA	33033	Y	No	Claims		
FL BCBS	flbc0		Yes	ERA		
FL Medicaid	flmk0		Yes	ERA		
FL Medicare	flmc0		Yes	ERA		
FMH Benefit Services Inc	48117		Yes	ERA		
FMH Benefit Services, Inc.	48117	Y	No	Claims		
FMH Coresource	00204	Y	No	Eligibility		
Facey Medical Foundation	95432	Y	No	Claims		
Fallon Community Health Plan	22254	Y	No	Claims		
Fallon Health Plan	00272	Y	No	Eligibility		
Family Care	60995	Y	No	Claims		
Farm Family Life	14140	Y	No	Claims		
Federated Insurance Company	00262	Y	No	Eligibility		
Federated Mutual Insurance	41041	Y	No	Claims		
Federated Mutual Insurance	41041		Yes	ERA		
Fidelis Care NY	11315	Y	No	Claims		
First Admin Assoc Bnfts	famr1	N	No	Claims		
First Administrators	famr1	N	No	Claims		Provider id and group id required on ALL claims. Non participating providers should put in "0000"(zero) as their provider id.
First Ameritas of New York	00426	Y	No	Eligibility		
First Carolina Care	56196	Y	No	Claims		
First Choice Administrators	91131		Yes	ERA		

First Choice Health Administrators	91131	Y	No	Claims	Group Name and Group Number must be entered on claims.
First Choice Health Network	91131	Y	No	Claims	Group Name and Group Number must be entered on claims.
First Choice HealthPlans of Connecticut	14162	Y	No	Claims	Please note that all claims submitted require a 5-8 character Render Provider Network ID.
First Choice of Midwest PPO	75138	Y	No	Claims	Reprices and receives repriced claims
First Health	00250	Y	No	Eligibility	
First Health Network (f.k.a. CCN Managed Care Inc. & PPO73159 Oklahoma)		N	No	Claims	Note: Enhancements have been made to consolidate under the First Health Network. Starting 20070101 Members ID cards will change upon each customer's renewal date throughout 2007, so existing ID cards bearing the names or logos of CCN, HCVM, PPO Oklahoma should be recognized as accessing the First Health Network.
First Priority	23241	Y	No	Claims	
First Reliance Standard Life Ins Co.	00428	Y	No	Eligibility	
First Service Administrators, Inc	59276	Y	No	Claims	Also known as Florida 1st
Firstcare	94999	Y	Yes	Claims	Provider ID required call client services 405-942-9800
Fiserv Health - Wausau Benefits/Benesight	39026	Y	No	Claims	
Fiserv Health-Kansas	62061	Y	No	Claims	Formerly Willis Administrative Services Corporation
Fitzharris & Company Inc	11244	Y	No	Claims	
Florida Hospital Healthcare Systems	59321	Y	No	Claims	In-network FHHS providers must submit either their UPIN number or FHHS Provider ID, as the rendering provider number. Out-of- network providers must contact FHHS at (407)741-4893. The FHHS member id must be 11 digits in length.
Florida Hospital Waterman	48116	Y	No	Claims	
Florida League of Cities, Inc.	59608	Y	No	Claims	
Florida Medicaid	aid01	N	Y	Eligibility	
Florida Medicare	00128	N	No	Eligibility	
Florida NetPass	65063	Y	No	Claims	
FloridianCare (BPN) American Pioneer Life Insurance	59093	Y	No	Claims	
FloridianCare (SFL) American Pioneer Health Plan	20165	Y	No	Claims	
Formax Inc	87066	Y	No	Claims	
Fortis Benefits Insurance Company	00253	Y	No	Eligibility	
Fortis Insurance Company	70408	Y	No	Claims	This payor id was formerly 01204. Please begin using the current payor id.
Fortis Life Insurance Company	00252	Y	No	Eligibility	
Fox Valley Medicine Site 199	fvmch	N	No	Claims	
Fox Valley Medicine Site 451	fvmc1	N	No	Claims	
Fox-Everett, Inc.	64069	Y	No	Claims	
Freedom	00036	Y	No	Claims	Claims mailing address: PO Box 25938 Shawnee Mission, KS 66225
Freedom Blue MA PPO	wvbc1	N	Yes	Claims	
Freedom Blue MA PPO	wvbc1		Yes	ERA	
Freedom First	31313	Y	No	Claims	
Freedom Select	00036	Y	No	Claims	Claims mailing address: PO Box 25938 Shawnee Mission, KS 66225
Fresenius Medical Care	23130	Y	No	Claims	
Fresenius Medical Care Health Plan		N	No	Claims	Provider ID required - Contact (713) 843-6780 to obtain ID.
Fringe Benefit Management	59069	Y	No	Claims	
Fringe Benefits Coordinators	59204	Y	No	Claims	
FrontPath Health Coalition	34171	Y	No	Claims	
GA BCBS	gabc0		Yes	ERA	
GA Medicaid	gamk0		Yes	ERA	
GA Medicare	gamc0		Yes	ERA	
GH Basic Health Plan	91051	Y	Yes	Claims	Western Washington State. Please call you advocate prior to first submission of production claims.
GH Individual and Family Plan	91051	N	Yes	Claims	Western Washington State. Please call your advocate prior to first submission of production claims.
GHC - Commercial	91051	Y	Yes	Claims	Western Washington State. Please call your advocate prior to first submission of production claims.
GHC - Medicare + Choice	91051	Y	Yes	Claims	Western Washington State. Please call your advocate prior

GHI - Medicare Private Fee for 22937 Service	Y	No	Claims	to first submission of production claims.	
GHI - New York (Group Health Inc.)	13551	Y	No	Claims	Provider number is required for process electronic claims.
GHI HMO	25531	Y	No	Claims	
GHI HMO Select	25531		Yes	ERA	
GI Innovative Management	58204	Y	No	Claims	
GIC	80314	Y	No	Claims	
GMS, Inc	47083	Y	No	Claims	
Gallagher Benefit Admin	37283	Y	No	Claims	
Gallagher Benefits Administrrator/AAG	2722	N	No	Claims	
Galveston County Indigent Health Care	30005	Y	No	Claims	
Gateway Health Plan	25169		Yes	ERA	
Gateway Health Plan Medicaid PA	25169	Y	No	Claims	Please verify the Payor ID on the member ID card (green card) before submitting claims. HMO/MCO does not service the central part of PA
Gateway Health Plan Medicare Assured	60550		Yes	ERA	
Gateway Health Plan Medicare Assured	60550	Y	No	Claims	Please verify the Payor ID on the member ID card (yellow card) before submitting claims.
Gateway Health Plan OH-Medicare Assured	91741	Y	No	Claims	Please check the ID card to verify the Payer ID before submitting claims.
Gateway Health Plan of Ohio Inc.	76028	Y	No	Claims	Please verify the Payor ID on the member ID card (white card) before submitting claims.
Geisinger Health Plan	75273		Yes	ERA	
Geisinger Health Plan	75273	Y	Yes	Claims	Payer requires enrollment prior to first electronic submission. Please contact Client Services for an enrollment form.
Genelco (St. Louis)	63665	Y	No	Claims	
Gentiva CareCentrix	11345	Y	Yes	Claims	Please contact your client advocate prior to submission.
Georgia Medicaid	aid15	N	No	Eligibility	
Georgia Power Medical Benefits Plan	61271	Y	No	Claims	
Gilsbar	07205		Yes	ERA	
Gilsbar, Inc.	07205	Y	No	Claims	
Glassworkers Health & Welfare Fund - Grp# F29	91136	Y	No	Claims	Please include Group Number when submitting claims.
Global Care Inc	07689	Y	No	Claims	
Global Health Inc OKC	ghokc	Y	Yes	Claims	
Golden Rule Insurance Company	37602	Y	No	Claims	
Golden Triangle Physician Alliance/SelectCare of Texas (GTPA)	72189	Y	No	Claims	
Government Employees Hospital Association	geha	N	No	Eligibility	
Government Employees Hospital Association (GEHA)	44054		Yes	ERA	
Government Employees Hospital Association (GEHA)	44054	Y	No	Claims	
Grant Physicians Practice Assoc.	37234	Y	No	Claims	
Great Lakes Health Plan	95467	Y	No	Claims	
Great West Healthcare	00328	Y	No	Eligibility	
Great West Healthcare	80705		Yes	ERA	
Great-West Healthcare	63665	Y	No	Claims	Formerly American General
Great-West Life & Annuity Ins. Co.	80705	Y	No	Claims	
Group & Pension Administrators	00382	N	No	Eligibility	
Group Administrators Ltd.	36338	Y	No	Claims	
Group Benefit Administrators (Hendersonville TN)	00209	Y	No	Eligibility	
Group Benefit Administrators Hendersonville TN	72153	Y	No	Claims	
Group Health Cooperative East	91051	Y	No	Claims	Eastern Washington State and Northern Idaho. Signed Provider Agreement required. Please call prior to submitting

Group Health Cooperative - West	91051	Y	No	Claims	claims. Western Washington State. Please call prior to first submission of production claims.
Group Health Cooperative of Eau Claire	95112	N	No	Claims	
Group Health Cooperative of South Central Wisconsin	39168	Y	No	Encounters	
Group Health Cooperative of South Central Wisconsin	39167	Y	No	Claims	
Group Health Inc of NY (GHI)	13551		Yes	ERA	
Group Health Inc.	22937	Y	No	Claims	
Group Health Insurance DE	61101	Y	No	Claims	
Group Health Managers Redford MI	38194	Y	No	Claims	Payor ID can only be used for claims located in Redford MI. Payor requires a 9 digit numeric insured group number. If not present claims will reject.
Group Health Plan	8405		Yes	ERA	
Group Health Plan - CMR	00184	Y	No	Eligibility	
Group Insurance Service Center, Inc.	37276	Y	No	Claims	
Group Practice Affiliates Group and Pension Administrators	68046	Y	No	Claims	Clayton MO location
Guardian Life Insurance Company of America	48143	Y	No	Claims	
Gundersen Lutheran Health Plan, Inc.	64246	Y	No	Claims	
H.E.R.E.I.U. Welfare Pension Funds	39180	Y	No	Claims	
H.E.R.E.I.U. Welfare Pension Funds	37114	Y	No	Claims	
HAA Preferred Partners	65101	Y	No	Claims	
HAP/AHL/Curanet	38224	Y	No	Claims	Formaly HAP/Health Alliance Plan of Michigan
HCH Administration (Illinois)	37111	Y	No	Claims	
HCH Administration, Inc.	37215	Y	No	Claims	Formerly John P. Pearl Associates
HCHA-Albq, NM Self Fund	37329	Y	No	Claims	
HCS Health Claims Service Boise ID	82018	y	No	Claims	
HDM Benefit Solutions	hdmco	N	No	Claims	
HDPC Premier Healthcare	90023	Y	No	Claims	
HEP Administrators (PPO)	call	N	No	Claims	
HEP Administrators, Inc. (Non-PPO)	call	N	No	Claims	Prior enrollment is required. Please call Client Services.
HFN, Inc.	36335	Y	No	Claims	
HI Medicaid	himk0		Yes	ERA	
HIP Health Insurance Plan of Greater New York	55247	Y	No	Claims	Individual provider enrollment and testing is required by Payer. Please call Client Services.
HIP of Greater NY	55247		Yes	ERA	
HMA Hawaii	86066	N	No	Claims	
HMA Hlth Management Admin	th049	N	No	Claims	
HMA Inc	hma01	N	No	Claims	
HMO New Mexico	nmbc1	N	Yes	Claims	
HMPK, Inc.	61101	Y	No	Claims	
HPS Paradigm, Inc.	58227	Y	No	Claims	
Harmony Health Plan of Illinois	36406	Y	No	Claims	Wellcare Provider ID is required. To obtain your provider ID, please call (800)960-2530 option 2 then 5
Harmony Health Plan of Indiana	36405	Y	No	Claims	Must contain a numeric rendering provider network ID.
Harrington Benefit Services, Inc.	75196	Y	No	Claims	(Formerly Centra)
Harrington Benefit Services, Inc.	95266	Y	Yes	Claims	(Formerly TPCM) Per payor 06131 has been discontinued and all TRPM claims must use payor id (95266). mrs
Harrington Benefit Services, Inc.	95266	Y	Yes	Claims	
Harrington Benefit Services, Inc. (Oklahoma)	59142	Y	No	Claims	
Harrington Dept of Corrections	95266	Y	Yes	Claims	
Harvard Pilgrim	04271		Yes	ERA	
Harvard Pilgrim Health Care	04271	N	Yes	Claims	
Harvard Pilgrim HealthCare	hphc	N	No	Eligibility	
Hawaii Management Alliance Association (HMAA)	99208	Y	No	Claims	

Hawaii Medicaid	aid53	N	No	Eligibility	
Hdpc Alliance Phy	20257	Y	No	Claims	
Health 1,2,3, Inc.	23173	Y	No	Claims	
Health 123/Tripoint/Vanderbilt Health Plan	00043	Y	No	Eligibility	
Health Alliance Exclusive&Plus	23172	Y	No	Claims	
Health Alliance Medical Plans	77950		Yes	ERA	
Health Alliance Medical Plans	77950	Y	No	Claims	
Health Alliance Medical Plans of Illinois	2491	N	No	Claims	
Health Alliance Plan	hapmc	N	No	Eligibility	
Health America Inc./Health Assurance/Advantra	00148	Y	No	Eligibility	
Health Care Network of WI (HCN)	42102	Y	No	Claims	Claims routed by payor id only.
Health Care Payers Coalition (Toledo, OH)	34193	N	No	Claims	Payer ID valid only for claims with a billing submission address of PO Box 741, Toledo, OH 43697-0741
Health Care Savings	56142	N	No	Claims	
Health Choice (Arizona)	00329	Y	No	Eligibility	
Health Choice AZ	62179		Yes	ERA	
Health Choice AZ	62179	Y	No	Claims	
Health Choice Generations	62180	Y	No	Claims	
Health Cost Solutions	62111	Y	No	Claims	
Health Design Plus (Hudson, OH)	34158	Y	No	Claims	
Health First Health Plans	95019	Y	No	Claims	
Health Future LLC.	00246	Y	No	Eligibility	
Health Future, LLC.	30946	Y	No	Claims	
Health Market Care Assured	62295	Y	No	Claims	
Health Net - California (Professional Encounters ONLY)	95570	Y	No	Encounters	Must submit with Health Net Submitter ID. Please submit your request to Teresa.W.Bailey@healthnet.com to obtain your Hlth Net submitter id.
Health Net Medi-Cal	00330	N	Y	Eligibility	
Health Net National	hnnc	Y	No	Eligibility	
Health Net Pearl	sx185	N	No	Claims	
Health Net of Arizona	00213	Y	No	Eligibility	
Health Net of Arizona	38309	Y	No	Claims	Payor requires unique provider ID: please call (405)942-9800
Health Net of California	00331	N	Y	Eligibility	
Health Net of California and Oregon	95567	Y	No	Claims	Contact Client Services prior to first claims submission.
Health Net of Oregon	00332	N	Y	Eligibility	
Health Net of the Northeast	06108	Y	Yes	Claims	Payor requires unique provider ID; please call (866)334-4638
Health Net of the Northeast Inc.	00213	Y	No	Eligibility	
Health Network America	20199	Y	No	Claims	Eatontown , NJ only
Health New England	6432	N	No	Claims	
Health New England	6432		Yes	ERA	
Health Options	flbc1	N	Yes	Claims	
Health Partners Jackson, TN	62157	Y	No	Claims	
Health Partners MN	hpart	N	Yes	Claims	
Health Partners of KS (HPK)	00036	Y	No	Claims	Claims mailing address: PO Box 26850 Shawnee Mission, KS 66225
Health Partners of PA	80142		Yes	ERA	
Health Partners, PA	80142	Y	No	Claims	All claims submitted require a valid Health Partners, PA, provider ID in the Rendering Provider Network ID field.
Health Payment Systems, Inc.	20270	Y	No	Claims	
Health Plan of Michigan	83253	y	No	Claims	
Health Plan of San Joaquin/San Joaquin Health Administrators	68035	Y	No	Claims	
Health Plan of Upper Ohio Valley	hpuoh		Yes	ERA	
Health Plans Inc.	44273	Y	No	Claims	
Health Plus PHSP	11324	Y	No	Claims	Brooklyn, New York location only. Providers must contact Health Plus at 718-491-8355 prior to submitting claims. A valid Health Plus provider ID is required on all claims.
Health Risk Management	55438	Y	No	Claims	

Health Services Preferred (HSP) by Emerald Health	34167	Y	No	Claims	
Health Strategies	sx044	N	Yes	Claims	Provider set up required please contact Client Services 405-942-9800.
Health Svcs for Children With Special Needs	37290	Y	No	Claims	
Health Value Management - DE (Humana)	61101	Y	No	Claims	
HealthCare Partners, IPA	11328	Y	No	Claims	Formerly Heritage New York Medical Group
HealthPartners (PA)	00288	Y	No	Eligibility	
HealthPlan Services (Tampa only)	59140	Y	No	Claims	
HealthPlus of Michigan	38216	n	No	Claims	HealthPlus requires a Trading Partner Agreement. Providers should contact their client advocate prior to submitting these claims.
HealthPlus of Michigan	hltpm	N	No	Eligibility	
HealthSCOPE Benefits, Inc.	71063	Y	No	Claims	
HealthSCOPE benefits, Inc. (PCP Only)	call	N	No	Claims	Call Client Services for Payer ID.
HealthSmart	75237	Y	No	Claims	
HealthSmart Benefit Solutions	37283	Y	No	Claims	Formerly American Administrative Group
HealthSmart Preferred Care, Inc.	75250	Y	No	Claims	
HealthSpring					
HMO/HealthSpring Medicare+Choice	63092	Y	No	Claims	This payer ID is not for PPO claims
HealthStar, Inc.	36332	Y	No	Claims	
Healthcare Solutions Group	73147	Y	No	Claims	
Healthcare USA	25143	N	No	Claims	
Healthcare USA	00186	Y	No	Eligibility	
Healthcomp Inc	85729	Y	No	Claims	
Healthfirst Inc	80141		Yes	ERA	
Healthfirst TPA Tyler, TX	75234	Y	No	Claims	
Healthfirst Health Plan of New Jersey	80141	Y	No	Claims	All claims submitted require a valid Healthfirst, Inc. (NY) provider ID in the Rendering Provider Network ID field.
Healthfirst Inc. (NY)	00240	Y	No	Eligibility	
Healthlink HMO	96475	Y	No	Claims	Please call Client Services for unique provider number
Healthlink PPO	90001	Y	No	Claims	Please call Client Services for unique provider number
Healthnet of California	95567		Yes	ERA	
Healthnow Division	55204	N	No	Claims	
Healthpartners MN	sx009	N	Yes	Claims	
Healthpartners of MN	sx009		Yes	ERA	
Healthplus of MI	hpmi0	N	Yes	Claims	
Healthplus of MI	hpmi0		Yes	ERA	
Healthscope Benefits Inc	71063		Yes	ERA	
Healthsmart Preferred Care, Inc	2724	N	No	Claims	
Healthsource CMHC	02041	Y	No	Claims	
Healthsource Kentucky Inc	61127	Y	Yes	Claims	
Healthsource Massachusetts	02041	Y	No	Claims	
Healthsource New Hampshire Inc	02038	Y	No	Claims	Payer requires unique provider ID for new providers; please contact Donna Wilson at (603) 268-7439.
Healthsource Ohio	31141	Y	Yes	Claims	
Healthsource Provident (CIGNA)	68195	Y	No	Claims	Claims are edited under CIGNAS payer specific edits, Payer ID 62308.
Healthsource, AR (Med) (CIGNA)	71075	Y	No	Claims	Claims are edited under CIGNAs payer specific edits, Payer ID 62308
Healthsource, GA (CIGNA)	58210	Y	No	Claims	Claims are edited under CIGNAs payer specific edits, Payer ID 62308
Healthsource, ME	01041	Y	Yes	Claims	Payor requires unique provider ID; please contact 800-909-2227 ext 5760
Healthsource, N. TX (CIGNA)	75255	Y	No	Claims	Claims are edited under CIGNAs payer specific edits, Payer ID 62308
Healthsource, NC (CIGNA)	56147	Y	No	Claims	Claims are edited under CIGNAs payer specific edits, Payer ID 62308
Healthsource, SC	06119	Y	No	Claims	Healthsource Network Providers Only
Healthsource, SC	06119	Y	No	Encounters	
Healthsource, TN (CIGNA)	62129	Y	No	Claims	Claims are edited under CIGNAs payer specific edits, Payer ID 62308

Healthsource/Hudson Healthplan	call	N	Yes	Claims	Provider enrollment is required by Payer. Please contact Client Services to obtain Payer ID.
Healthways Wholehealth Networks	58213	Y	No	Claims	Formerly "Alignis"
Healthy Options (DSHS)	91051	Y	No	Claims	Western Washington State. Please call Client Services prior to first submission of production claims.
HeathSmart - Noble Mid Orange - San Judas Medical Group IPA	hsm01	N	No	Claims	
Heritage Consultants	59230	Y	No	Claims	For faster payment, please be sure to use only the 9-digit subscriber ID on all claims.
Heritage Physician Network	hpn11	N	No	Claims	The follow name are associated with this payor id Texan Plus, Family Practice Assoc/Golden Triangle Phy or Selectcare of Texas
High Desert Primary Care	33069	Y	No	Claims	
Highline Medical Service Organization - Molina	91164	N	No	Claims	
Highline Medical Service Organization - PSHP	91161	N	No	Claims	
Highmark BCBS PA	sb865	N	Yes	Claims	
Highmark-Key Family	35145	Y	No	Claims	
Hill Physicians Medical Group	call	N	No	Claims	Please contact Client Services for Payer ID
Hillcrest Benefit Admn Mt Dora FL	59347	Y	No	Claims	Mount Dora claims only. If group number is available this information should be entered.
Hometown Health Plan Nevada	88023	Y	No	Claims	
Horizon Blue Cross Blue Shield of New Jersey	00087	Y	No	Eligibility	
Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ)	22099	Y	Yes	Claims	New York region
Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ)	22099	Y	Yes	Claims	New Jersey region
Horizon HealthCare Admin (HHA)	22304	Y	No	Claims	
Horizon Healthcare of NY	00087	Y	No	Eligibility	
Horizon Healthcare of NY	22099	Y	Yes	Claims	
Horizon NJ Health	22326	Y	No	Claims	Medicaid managed Care. For EDI support, please contact Client Services.
Horizon New Jersey Health Hotel Employees & Restaurant Employees Health Trust - Grp# F19	22326		Yes	ERA	
Horizon New Jersey Health Hotel Employees & Restaurant Employees Health Trust - Grp# F19	91136	Y	No	Claims	Please include Group Number when submitting claims.
Hudson Health Plan	13335	Y	Yes	Claims	Prior to intial claims submission, provider registration is required. Please contact Sam Gutwilling at 914-372-2291
Humana	humana	Y	No	Eligibility	
Humana	61101		Yes	ERA	
Humana Care Plan	61101	Y	No	Claims	
Humana Emphesys	61101	Y	No	Claims	
Humana Employers Health Insurance	61101	Y	No	Claims	
Humana Employers Health Insurance (including Humana Dental)	00041	Y	No	Eligibility	
Humana Group Health Plan	61101	Y	No	Claims	
Humana Health Chicago Insurance Company	61101	Y	No	Claims	
Humana Health Plan	61101	Y	No	Claims	
Humana Inc.	00041	Y	No	Eligibility	
Humana Inc. Encounters	61102	Y	No	Encounters	Claims sent to Payer ID 61102 will NOT be paid. Payer ID 61102 is for ENCOUNTERS ONLY.
Humana Insurance Company	61101	Y	No	Claims	
Humana Insurance Company Choice Care Network	61101	Y	No	Claims	Does not include Humana ChoiceCare of Cincinnati - (Humana Health Plans of Ohio)
Humana Medical Plan - CA	61101	Y	No	Claims	
Humana Medical Plan - KY	61101	Y	No	Claims	
Humana Military - Tricare South	61125	Y	No	Claims	Participating Payer for Tricare South, including AL, AR, FL, GA, LA, MS, OK, SC, TN and East TX.

Humana VA Hero	61160	Y	No	Claims	
Humana Wisconsin Health Organization	61101	Y	No	Claims	
Humboldt-Del Norte Foundation Med Care	94154	Y	No	Claims	Humboldt-Del Norte Foundation for Medical Care located in Eureka, CA
I E Shaffer West Trenton NJ	22175	Y	No	Claims	
IA BCBS	iabc0		Yes	ERA	
IA Medicaid	iamk0		Yes	ERA	
IA Medicare	iamc0		Yes	ERA	
IBI	41124	Y	No	Claims	
ID BCBS	idbc0		Yes	ERA	
ID Medicaid	idmk0		Yes	ERA	
IHG Direct	75274	Y	No	Claims	Valid for claims with the following mailing address: P.O. Box 2388, Stow, OH 44224
IL BCBS	ilbc0		Yes	ERA	
IL Medicare	ilmc0		Yes	ERA	
IMS Management Services	imsms	N	No	Claims	
IMX Easy	86070	N	No	Claims	
IMcare	41600	Y	No	Claims	
IN BCBS	inbc0		Yes	ERA	
IN Medicaid	inmk0		Yes	ERA	
IN Medicare	inmc0		Yes	ERA	
INS Health Services	vaice	Y	No	Claims	
INTGRITAS BENEFIT GROUP	20435	Y	No	Claims	
IPA of Kane County	ipak1	Y	No	Claims	
IU Medical Grp Prim Care	sx172	N	No	Claims	
Iac Insurance Admin Corp	iac01	N	No	Claims	
Idaho Medicaid	aid35	N	No	Eligibility	
Illinois Health Solutions	86069	N	No	Claims	
Illinois Medicaid (IDPA)	aid25	N	No	Eligibility	
Indecs Corporation	40585	Y	No	Claims	If group number is available, this information should be entered.
Independence Administrators	ta720	Y	No	Claims	
Independence Administrators	ta720	N	No	Claims	
Independence Blue Cross	bcibc	N	No	Eligibility	
Independence Medical Group-Tulare	26274	Y	No	Claims	
Independent Health	sx073	N	Yes	Claims	
Indiana Health Network	35204	Y	No	Claims	
Indiana Medicaid	aid16	N	No	Eligibility	
Indiana ProHealth Network	35161	Y	No	Claims	
Indiana Teamsters Health Benefits Fund (Indianapolis, IN)	35107	Y	No	Claims	
Individual Health Insurance Companies	31053	Y	No	Claims	
Informed LLC	52196	Y	No	Claims	
Informed UHC	50946	Y	No	Claims	
Injured Workers Ins Fund	52212	Y	No	Claims	First time submitters please contact your client advocate.
Inland Empire Health Plan	00333	N	Y	Eligibility	
Insurance Administrative Corporation	iac01	N	No	Claims	Please note payor id is 3 alpha (IAC) and 2 numeric (01).
Insurance Administrators of America, Inc/ IAA	37279	Y	No	Claims	
Insurance Design Administrators	13315	Y	No	Claims	
Insurance Management Services (Eiko, NV)	88006	Y	No	Claims	
Insurdata/Insurnational	sx011	N	Yes	Claims	
Insurers Administrative Corp.	86304	Y	No	Claims	Please visit website prior to sending claims http://edihelp.iacusa.com
Integra Admin Group Seaford DE	51020	Y	No	Claims	Payer ID valid only for claims with a billing submission address of 110 S. Shipley Street, Seaford, DE 19973.
Integra Group	31127	Y	No	Claims	
Integranet	inet1	N	No	Claims	Provider ID required - contact (713)843-6780 to obtain ID.
Integranet /SelectCare of Texas	74314	Y	No	Claims	
Integrated Care Network (ICN) by Emerald Health	34167	Y	No	Claims	

Integrated Mental Health Services	68053	Y	No	Claims	
InterCare Health Plans, Inc.	37227	Y	No	Claims	
InterValley Health Plan	00334	N	Y	Eligibility	
InterWest Health (Acceptius Gateway payor)	84137	Y	No	Claims	
Interface EAP IEAP Houston TX	60280	Y	No	Claims	Only claims for Houston TX. If group number is available this information should be entered.
Intergroup Services Corporation	23287	Y	No	Claims	
Intermountain Health Care	sx107	N	Yes	Claims	
International Brotherhood of Boilermakers	36609		Yes	ERA	
International Brotherhood of Boilermakers	36609	Y	No	Claims	Formerly Boilermakers National H&W Fund
International Brotherhood of Boilermakers Employee Health Care Plan (IBBEHC)	48603	N	No	Claims	
International Educational Exchange Services, Inc. (IEES)	16158	Y	No	Claims	
International Medical Group	imgin	N	No	Claims	
International Union of Operating Engineers, Local 4 H&W Fund	37241	Y	No	Claims	
International Union of Operation Engineers	37269	Y	No	Claims	Local 15, 15a, 15c & 15d Located in NY, NY
Iowa Benefits Inc.	41124	Y	No	Claims	
Iowa Health Solutions	86068	N	No	Claims	
Iowa Medicaid	aid36	N	No	Eligibility	
J. F. Molloy and Associates Inc.	00143	Y	No	Eligibility	
J. F. Molloy and Associates, Inc.	61271	Y	No	Claims	
J. Smith Lanier & Co. Administrators	37272	Y	No	Claims	
JJ Specialty Services, Inc	jissp	N	No	Claims	
JMH Health Plan	00336	N	No	Eligibility	
JP Farley Corporation	34136	Y	No	Claims	
JP Farley Corporation	00386	N	No	Eligibility	
JSL Administrators	37272	Y	No	Claims	
Jackson Memorial Health Plan	05014	Y	No	Claims	
Jefferson Pilot Financial	jbfin	Y	No	Eligibility	
John Alden Life Insurance Co.	41099	Y	No	Claims	
John Alden Life Insurance Co.	00254	Y	No	Eligibility	
John Alden Life Insurance Company	41099		Yes	ERA	
John Hopkins Healthcare	52189	Y	No	Claims	
John Morrell Company Co. - AHPBA	38310	Y	No	Claims	
John Muir/Mt Diablo Health Network	68036	Y	No	Claims	Walnut Creek, Ca
Johns Hopkins Healthcare (USFHP)	52123	Y	No	Claims	New submitters should send in their Billing NPI and Rendering/Serviceing NPI.
Joplin Claims	43178	Y	No	Claims	
KPS-Kitsap Physician Services	kps01	n	No	comm	
KS BCBS	ksbc0		Yes	ERA	
KS Medicaid	ksmk0		Yes	ERA	
KS Medicare	ksmc0		Yes	ERA	
KY BCBS	kybc0		Yes	ERA	
KY Medicaid	kymk0		Yes	ERA	
KY Medicare	kymc0		Yes	ERA	
Kaiser Foundation Health Plan Inc. - Hawaii Region	00278	Y	No	Eligibility	
Kaiser Foundation Health Plan of Colorado	91617	Y	No	Claims	
Kaiser Foundation Health Plan of Colorado	00277	Y	No	Eligibility	
Kaiser Foundation Health Plan	21313		Yes	ERA	

of GA							
Kaiser Foundation Health Plan of Georgia	21313	Y	No	Claims			
Kaiser Foundation Health Plan of Georgia	00281	Y	No	Eligibility			
Kaiser Foundation Health Plan of Northern CA Region	00282	Y	No	Eligibility			
Kaiser Foundation Health Plan of Northern CA Region	call	N	No	Claims	Contact Client Services prior to the submission of claims.		
Kaiser Foundation Health Plan of Ohio	00280	Y	No	Eligibility			
Kaiser Foundation Health Plan of Ohio	34092	Y	No	Claims			
Kaiser Foundation Health Plan of Southern CA Region	00283	Y	No	Eligibility			
Kaiser Foundation Health Plan of Southern CA Region	94134	Y	No	Claims	Commercial Provider ID required by Kaiser. Please call Client Services prior to submitting claims.		
Kaiser Foundation Health Plan of the Mid-Atlantic States Inc.	00276	Y	No	Eligibility			
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	52095	Y	No	Claims	Please contact Client Services for payer ID and provider ID information.		
Kaiser Foundation Health Plan of the Northwest	00279	Y	No	Eligibility			
Kaiser Foundation Hlth Plan of Northern CA Region	94135	Y	No	Claims	Please call client services before submitting claims (405)942-9800.		
Kaiser Foundation of the Northwest	93079	Y	No	Claims	This payer id can only be used to submit claims for Oregon and Washington Kaiser Permanente members.		
Kaiser PPO	94320	Y	No	Claims			
Kaiser of MD	52095		Yes	ERA			
Kanawha HealthCare Solutions, Inc.	57038	Y	No	Claims			
Kanawha Insurance Co.	57038	Y	No	Claims			
Kanawha Insurance Company	57038		Yes	ERA			
Kane County IPA	kcipa	Y	No	Claims			
Kansas Medicaid	aid22	N	No	Eligibility			
Katy Medical Claims Insurance Company of Texas	81812	Y	No	Claims			
Keenan Associates (CA)	95279	Y	No	Claims			
Kelsey Seybold Clinic	kelsi	Y	No	Claims			
Kelsey Seybold Clinic Hospital	klsy1	Y	No	Claims			
Kempton Company	73100	Y	No	Claims			
Kempton Group Administrators	73100	Y	No	Claims			
Kentucky Kare	61101	Y	No	Claims			
Kentucky Medicaid	aid31	N	No	Eligibility			
Kern Health Systems	77039	Y	No	Claims			
Key Benefit Administrators	37217	Y	No	Claims			
Key Select	37321	Y	No	Claims			
Keystone Health Plan Central DR Blue	sx049	N	Yes	Claims			
Keystone Health Plan Central	sx051	N	Yes	Claims			
Keystone Health Plan East	95056	N	No	Claims			
Keystone Health West	sx056	N	Yes	Claims			
Keystone Mercy Health Plan	23284	Y	No	Claims	Medicaid managed Care. For EDI support, please contact Client Services.		
Keystone Mercy Health Plan	23284		Yes	ERA			
Kindred Health Care	61101	Y	No	Claims			
Klais & Company	34145	Y	No	Claims	Do not use this payor id for Klais & Company (Ohio BWC) claims		
LA BCBS	labc0		Yes	ERA			
LA Medicare	lamc0		Yes	ERA			
LBA Health Plans	52193	Y	No	Claims			
Lab Corp of America Holding	lbcrp	N	No	Claims			
Lakeside Health Services	95415	Y	No	Claims			
Lawndale Christian Health Center	36333	Y	No	Claims			
Leon Medical Center Health Plan	37316	Y	No	Claims			

Liberty Health Advantage	87071	Y	No	Claims	
Liberty Mutual Ins Co. & Wausau Ins. Co.	11123	N	No	Claims	Please ensure you are submitting ONLY Workers' Compensation claims to Payor ID 11123.
Liberty Union	37281	Y	No	Claims	
Life Assurance Company	37281	Y	No	Claims	
Life Investors Ins Co of America	liic2	N	No	Claims	Long Term care only -PO Box 93019, Hurst TX 76053. Call 866-745-3545 with claim routing questions.
Life Investors Ins Co of America	liic3	N	No	Claims	Major Med -PO Box 34310 Louisville KY 40232 Cust Srvc 866-792- 7615. Cancer, Stroke, Heart Attack, Hospitalization, Intensive Care Coverage -PO Box 36580 Louisville KY 40233, Cust Srvc 866-242-2806
Life Investors Ins Co of America	liica	N	No	Claims	Accident only, cancer only, first occurrence invasive cancer, heart disease attack or stroke, hospital confinement indemnity, hospital intensive care.
Life Trac / Allianz life Ins	41136	Y	No	Claims	
LifeWise Health Plan of Arizona	91155	Y	No	Claims	Payer EDI agreement must be processed thru Emdeons Enrollment Dpt. Do not send EDI Agreement to Payer. Applies to all providers (incl. those adding site ids) enrolling for Electronic submission thru WebMD. For questions call Client Services.
LifeWise Healthplan of Oregon	93093	Y	No	Claims	Payer EDI agreement must be processed thru Emdeons Enrollment Dpt. Do not send EDI Agreement to Payer. Applies to all providers (including those adding site ids) enrolling for Electronic submission thru WebMD. For questions call Client Services.
Lincoln National - Phoenix, AZ (Humana)	61101	Y	No	Claims	
Linn County	00264	Y	No	Eligibility	
Linn County Dallas TX	75283	N	No	Claims	
Local 135 Health Benefits Fund (Indianapolis, IN)	35107	Y	No	Claims	
Loma Linda University Adventist Health Sciences Center Employee Health Plan	37267	Y	No	Claims	
Loma Linda University Adventist Health Sciences Centers	37267	Y	No	Claims	
Loma Linda University Behavioral Medicine Center Employee Health Plan	37267	Y	No	Claims	
Loma Linda University Employee Health Plan	37267	Y	No	Claims	
Loma Linda University Health Care Employee Health Plan	37267	Y	No	Claims	
Loma Linda University Healthcare - ManagedCare	33036	Y	No	Claims	
Loomis Company	23223	Y	No	Claims	Call your client advocate at (866)252-4656 for procedures prior to submitting electronically.
Louisiana Medicaid	aid42	N	No	Eligibility	
Lovelace Health Plan	00323	N	No	Eligibility	
Lovelace Salud	nmmk3	N	Yes	Claims	
Lovelace Salud	nmmk4	N	Yes	Claims	
Lovelace Sandia Health Plan	90328	N	No	Claims	
Lumenos Inc.00366	00366	Y	No	Eligibility	
Lumenos, Inc.	54195	Y	No	Claims	
MA BCBS	sb700		Yes	ERA	
MA Medicaid	mamk0		Yes	ERA	
MA Medicare	mamc0		Yes	ERA	
MAMSI Health Plan	00337	N	No	Eligibility	
MAMSI Life and Health Insurance Co. (MLH)	52148	Y	No	Claims	
MBA Benefit Administrators, Inc. (Salt Lake City, UT)	87065	Y	No	Claims	Payer ID valid for claims with a submission address of PO Box 651109, Salt Lake City, UT 84115
MBA of Wyoming (Worland, WY)	87065	Y	No	Claims	Payer ID valid for claims with a submission address of PO Box 98, Worland, WY 82401
MBS (MedCost Benefit Services)	56205	Y	No	Claims	Formerly Payer ID 56151
MCA Administrators	25160	Y	No	Claims	

MD BCBS	mdbc0		Yes	ERA	
MD Medicaid	mdmk0		Yes	ERA	
MD-Individual Practice Association, Inc. (M.D. IPA)	52148	Y	No	Claims	
MDWise Hoosier Alliance	20475	Y	No	Claims	
MDwise/Wishard/St. Vincent and Family Planning Claims	sx172	Y	No	Claims	
ME Medicaid	memk0		Yes	ERA	
MEGA Life and Health Insurance Company - OKC Division	00365	Y	No	Eligibility	
MHNET	74289	N	No	Claims	
MI BCBS	mibc0		Yes	ERA	
MI Blue Care Network	jvhjq		Yes	ERA	
MI Blue Care Network	jvhjj		Yes	ERA	
MI Breast and Cervical Cancer Control Program (BCCCP)	BCCCP		Yes	ERA	
MI Medicaid	mimk0		Yes	ERA	
MI Medicare	mimc0		Yes	ERA	
MMS, LLC	62178	Y	No	Claims	
MMSI	00085	Y	No	Eligibility	
MN BCBS	mnbcb0		Yes	ERA	
MN Medicaid	mnmk0		Yes	ERA	
MN Medicare	mnmcb0		Yes	ERA	
MO BCBS	mobcb0		Yes	ERA	
MO BCBS	mobcb0		Yes	ERA	
MO Medicaid	momk0		Yes	ERA	
MORRIS ASSOCIATES	35092	Y	No	Claims	
MPE Services Inc.	37233	Y	No	Claims	
MPEEBT	37233	Y	No	Claims	
MPLAN, Inc./HealthCare Group, LLC	95444	Y	No	Claims	Payor requires assigned rendering network provider number on all electronic claims. Payor requires referring provider and referring upin.
MS BCBS	msbc0		Yes	ERA	
MS Chip	msbc2	N	Yes	Claims	
MS Medicaid	msmk0		Yes	ERA	
MS Medicare	msmc0		Yes	ERA	
MT Medicaid	mtmk0		Yes	ERA	
MVP Health Care	00432	Y	No	Eligibility	
MVP Health Plan of NY	14165	Y	No	Claims	For your MVP Provider number, call (800) 684-9286.
Machinist District 9 Welfare/UMMH	37292	Y	No	Claims	
Magellan Health Services	01260	Y	Yes	Claims	Please contact Magellan Health Services for payer identification information at 1-800-450-7281 ext 75890
Magellan Health Services	01260		Yes	ERA	
MagnaCare Garden City NY	11303	Y	No	Claims	MagnaCare claims located in Garden City NY only
Magnolia	68062	Y	No	Claims	
Mail Handlers	00251	Y	No	Eligibility	
Maine Medicaid	aid54	N	No	Eligibility	
Maksin Management Corp	22195	Y	No	Claims	
Managed Care Services, LLC	35162	Y	No	Claims	
Managed Health Care Administration	mhcac		Yes	ERA	
Managed Health Network	22771	Y	No	Claims	
Managed Health Services Indiana (Medicaid HMO)	39186	Y	No	Claims	Please contact Client Services prior to sending claims.
Managed Health Services Wisconsin	39187	Y	No	Claims	Please contact Client Services prior to sending claims.
Managed Physical Network	41159	Y	No	Claims	
Manatee Service Center (Bradenton, FL)	41555	Y	No	Claims	
Manulife W. J. Sutton Co.	98010	Y	No	Claims	
Maricopa Integrated Health System	00338	N	No	Eligibility	
Marquette Life Insurance Company	48055	Y	No	Claims	
Maryland Physicians Care Baltimore MA	22348	Y	No	Claims	Maryland Physicians Care located in Baltimore Maryland only.
Maryland Physicians Care	22348	Y	No	Encounters	Maryland Physicians Care located in Baltimore Maryland only.

Baltimore MA					
Mashantucket Pequot Tribal Nation	37121	Y	No	Claims	
Massachusetts Blue Cross Blue Shield	mabc0	Y	No	Claims	
Massachusetts Medicaid	aid45	N	No	Eligibility	
Master, Mates, and Pilots Plan	mmphb	Y	No	Claims	
Mayo Management Services Inc	41154		Yes	ERA	
Mayo Management Services, Inc.	41154	Y	No	Claims	
McLaren Health Plan Flint MI	38338	Y	No	Claims	Only Flint MI claims. If group number is available this information should be entered.
Mdwise Hoosier Alliance Health Plan	20475		Yes	ERA	
Mdwise/Wishard/St Vincent/Family Planning	sx172	N	No	Claims	
MedAdmin Solutions	58202	Y	No	Claims	
MedAdmin Solutions	58204	Y	No	Claims	
MedBen (Newark, OH)	74323	Y	No	Claims	
MedDirect	38353	Y	No	Claims	
MedPartners	35205	Y	No	Claims	
MedSolutions, Inc.	62160	Y	No	Claims	
Medallion II	80314	Y	No	Claims	Only Medallion II claims with address of PO Box 696 Merrifield VA 22116. Insured ID must be a 12 digit certification number.
Medcom	59231	Y	No	Claims	
Medcost Inc	56162	Y	No	Claims	
Medfocus	95321	Y	No	Claims	Payor requires assigned rendering network provider number on all electronic claims.
Medi Cal	camk0	N	Yes	Claims	
Medica	94265	Y	No	Claims	Medica requires a unique Medica assigned provider id.
Medica	00404	Y	No	Eligibility	
Medica	94265		Yes	ERA	
Medica Healthcare Plan	78857	Y	No	Claims	
Medicaid of Alaska	akmk0	N	Yes	Claims	
Medicaid of Arkansas	armk0	N	Yes	Claims	
Medicaid of Colorado	comk0	N	Yes	Claims	
Medicaid of Delaware	demk0	N	Yes	Claims	
Medicaid of District of Columbia	dcmk0	N	Yes	Claims	
Medicaid of Florida	flmk0	N	Yes	Claims	
Medicaid of Georgia	gamk0	N	Yes	Claims	
Medicaid of Illinois	ilmk0	N	Yes	Claims	
Medicaid of Illinois Fqhc	ilmk1	N	Yes	Claims	
Medicaid of Iowa	iamk0	N	Yes	Claims	
Medicaid of Kansas	ksmk0	N	Yes	Claims	
Medicaid of Kentucky	kymk0	N	Yes	Claims	
Medicaid of Maryland	mdmk0	N	Yes	Claims	
Medicaid of Michigan	mimk0	N	Yes	Claims	
Medicaid of Minnesota	mnmk0	N	Yes	Claims	
Medicaid of Mississippi	msmk0	N	Yes	Claims	
Medicaid of Missouri	momk0	N	Yes	Claims	
Medicaid of NE Dept of Social Srvs	nemk0	N	Yes	Claims	
Medicaid of Nebraska	nemk0	N	Yes	Claims	
Medicaid of New Jersey	njmk0	N	Yes	Claims	
Medicaid of New Mexico	nmmk0	N	No	Claims	
Medicaid of New York	nymk0	N	Yes	Claims	
Medicaid of North Carolina	ncmk0	N	Yes	Claims	
Medicaid of Ohio	ohmk1	N	Yes	Claims	
Medicaid of Ohio	ohmk0	N	Yes	Claims	
Medicaid of Oklahoma	okmk0	N	Yes	Claims	
Medicaid of Oregon	ormk0	N	Yes	Claims	
Medicaid of Pennsylvania	pamk0	N	Yes	Claims	
Medicaid of South Carolina	scmk0	N	Yes	Claims	
Medicaid of South Dakota	sdmk0	N	No	Claims	
Medicaid of Texas	txmk0	N	Yes	Claims	
Medicaid of Virginia	vamk0	N	Yes	Claims	

Medicaid of Washington	wamk0	N	Yes	Claims	
Medicaid of West Virginia	wvmk0	N	Yes	Claims	
Medical Benefit Administration Inc.	68041	Y	No	Claims	Medical Benefit Administration Inc. is also known as Sierra Nevada Medical Associates, Inc. and Golden State Physicians Medical Group
Medical Benefit Administrators, Inc/dba MBA of MD, Inc	37298	Y	No	Claims	
Medical Benefits Administrators, Inc. (Newark, OH)	74323	Y	No	Claims	
Medical Benefits Companies (Newark, OH)	74323	Y	No	Claims	
Medical Benefits Mutual (Newark, OH)	74323	Y	No	Claims	
Medical Benefits Mutual Life Insurance Co.	74323	Y	No	Claims	
Medical Claims Service, Inc.	04258	Y	No	Claims	
Medical Control Inc	75229	Y	No	Claims	
Medical Development Intl	52181	Y	No	Claims	
Medical Mutual of OH	29076	Y	No	Claims	
Medical Mutual of OH	29076		Yes	ERA	
Medical Mutual of Ohio	00211	Y	No	Eligibility	
Medical Network of Colorado Springs	84600	Y	No	Claims	
Medical Plan of Kansas City, MO	61101	Y	No	Claims	
Medical Resource Network (MRN)	58203	Y	No	Claims	
Medical Value Plan - Ohio (MVP)	38224	Y	No	Claims	
Medicare CA North	camc1		Yes	ERA	
Medicare CA South	camc0		Yes	ERA	
Medicare California North	camc1	N	Yes	Claims	
Medicare California South	camc0	N	Yes	Claims	
Medicare DME IN	dmein		Yes	ERA	
Medicare DME IN	dmein	N	Yes	Claims	
Medicare DME PA	dmepa		Yes	ERA	
Medicare DME SC	dmesc		Yes	ERA	
Medicare DME TN	dmetn		Yes	ERA	
Medicare Dme PA	dmepa	N	Yes	Claims	
Medicare Dme SC	dmesc	N	Yes	Claims	
Medicare Dme TN	dmetn	N	Yes	Claims	
Medicare Smart	58228	N	No	Claims	
Medicare TN - yt A	00084	N	No	Eligibility	
Medicare of Alabama	almc0	N	Yes	Claims	
Medicare of Alaska	akmc0	N	Yes	Claims	
Medicare of Arizona	azmc0	N	Yes	Claims	
Medicare of Arkansas	armc0	N	Yes	Claims	
Medicare of Connecticut	ctmc0	N	Yes	Claims	
Medicare of Florida	flmc0	N	Yes	Claims	
Medicare of Georgia	gamc0	N	Yes	Claims	
Medicare of Illinois	ilmc0	N	Yes	Claims	
Medicare of Iowa	iamc0	N	Yes	Claims	
Medicare of Kansas	ksmc0	N	Yes	Claims	
Medicare of Kentucky	kymc0	N	Yes	Claims	
Medicare of Louisiana	lamc0	N	Yes	Claims	
Medicare of Maryland	mdmc0	N	Yes	Claims	
Medicare of Massachusetts	mamc0	N	Yes	Claims	
Medicare of Michigan	mimc0	N	Yes	Claims	
Medicare of Minnesota	mnmc0	N	Yes	Claims	
Medicare of Mississippi	msmc0	N	Yes	Claims	
Medicare of Nebraska	nemc0	N	Yes	Claims	
Medicare of Nevada	nvmc0	N	Yes	Claims	
Medicare of New Mexico	nmmc0	N	Yes	Claims	
Medicare of North Carolina	ncmc0	N	Yes	Claims	
Medicare of Oklahoma	okmc0	N	Yes	Claims	
Medicare of Pennsylvania	pamc0	N	Yes	Claims	

Medicare of South Dakota	sdmc0	N	Yes	Claims	
Medicare of Tennessee	tnmc0	N	Yes	Claims	
Medicare of Texas	txmc0	N	Yes	Claims	
Medicare of Virginia	vamc0	N	Yes	Claims	
Medicare of West Virginia	wvmc0	N	Yes	Claims	
Medicare yt A & B	00431	N	No	Eligibility	
Medigold	95655	N	No	Claims	
Mediversal	37304	Y	No	Claims	If group number is available, this information should be entered.
Medpay	7480	N	No	Claims	
Medstar Physicians Partners	00243	N	No	Claims	
Mega Life and Health	59221		Yes	ERA	
Mega Life and Health Insurance	00248	Y	No	Eligibility	
Memorial Clinical Associates/Selectcare of Texas (MCA)	62181	Y	No	Claims	
MemorialCare TPA	00339	N	Y	Eligibility	
Memphis Managed Care/TLC	36193	Y	No	Claims	This payor requires a rendering provider network ID on all claims.
Mercy Care Health Plan	00340	Y	No	Eligibility	
Mercy Care Plan (AHCCCS)	86052	Y	No	Claims	Payor ID 86052 only accepts claims located in Phoenix Arizona.
Mercy Health Plans	43166	Y	No	Claims	
Mercy Healthplans-Carechoices Michigan	38269	Y	Yes	Claims	Enrollment required; please contact Client Services
Meritain Health/Agency Services	64158	Y	No	Claims	Formerly known as Agency Services, Inc.
Meritain Health/North American Administrators	64157	Y	No	Claims	Formerly known as North American Administrators, Inc.
Meritain Superian Health Network	37299	Y	No	Claims	
Mesa Mental Health	85035	Y	No	Claims	Electronic Connection in development. Claims are printed and mailed to the payor.
Metcare Health Plans, Inc.	61101	Y	No	Claims	Former Payer ID 65113
Methodist First Choice	23550	Y	No	Claims	Group policy number and claim office number are both required.
MethodistCare, Inc.	80314	Y	No	Claims	Old payor id 95420 2-4/2004
Metro Plus Health Plan	13265	Y	No	Claims	
Metropolitan Health Plan	10850		Yes	ERA	
Metropolitan Health Plan	10850	Y	No	Claims	
Michael Reese HMO Plan IL	61101	Y	No	Claims	
Michael Reese HMO Plan IN	61101	Y	No	Claims	
Michael Reese Physicians Group	37127	Y	No	Claims	
Michigan MICHild	00403	N	No	Eligibility	
Michigan Medicaid - Dept of Community Health	aid56	N	No	Eligibility	
Michigan Medicaid - Dept of Community Health - Medical Services Admin	aid55	N	No	Eligibility	
Mid America Assoc	37281	Y	No	Claims	
Mid Atlantic Psychiatric Services, Inc. (MAPSI)	52149	Y	No	Claims	
Mid West National Life Insurance (MEGALIFE)	00206	Y	No	Eligibility	
Mid-West National Life Insurance Co. of Tennessee - Insurance Center	59224	Y	No	Claims	Payer ID valid only if the address on the Health ID Card matches the following: P.O. Box 982017, North Richland Hills, TX 76182.
Mid-West National Life Insurance Co. of Tennessee - Student Insurance	74227	Y	No	Claims	Payor ID only valid if the P.O. Box on the Health ID card matches one of the followin P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, Dallas, TX 75380.
Mid-west National Life Insurance Company of TN	59224		Yes	ERA	
MidSouth Administrative Group	62168	Y	No	Claims	
Midlands Choice, Inc.	47080	Y	No	Claims	(Formerly known as Midlands Health Partners)Effective immediately this payer requires a group/plan number to be

Midwest Health Partners	76079	Y	No	Claims	entered on every claim submitted. If the number does not appear the claims will reject.
Midwest Health Plans, Inc.	th074	N	No	Claims	Provider must complete enrollment form on payor's website.
Midwest Security	79480		Yes	ERA	
Midwest Security	79480	Y	No	Claims	
Minnesota Medicaid	aid38	N	No	Eligibility	
Mips	05018	Y	No	Claims	
Mississippi Admin Services Inc.	00388	N	No	Eligibility	
Mississippi Medicaid	aid20	N	No	Eligibility	
Mississippi Public Entity Employee Benefit Trust	37233	Y	No	Claims	
Mississippi Select Healthcare	64088	Y	No	Claims	Also doing business as Select Administrative Services (SAS).
Mississippi State Employees and Teachers Health Plan	00082	N	No	Eligibility	
Missoula County Medical Benefits Plan	37275	Y	No	Claims	
Missouri Care	43179	Y	No	Claims	
Missouri Medicaid	aid03	N	No	Eligibility	
Molina	unmtp	N	No	Claims	
Molina CA	00222	Y	No	Eligibility	
Molina Health Care Long Beach CA	38333	Y	No	Claims	
Molina Health Care of New Mexico	00421	N	No	Eligibility	
Molina Healthcare	04423		Yes	ERA	
Molina Healthcare	nmmk2	N	No	Claims	
Molina Healthcare UT	sx109	N	Yes	Claims	
Molina Healthcare of Michigan	38334	Y	No	Claims	This payor id is only for Michigan claims
Molina Healthcare of Nevada	20676	Y	No	Claims	
Molina Healthcare of New Mexico	09824	Y	No	Claims	
Molina Healthcare of Ohio	20149	Y	No	Claims	
Molina Healthcare of Ohio	00445	Y	No	Eligibility	
Molina Healthcare of TX	00451	Y	No	Eligibility	
Molina Healthcare of WA	38336		Yes	ERA	
Molina Healthcare of Washington	38336	Y	No	Claims	(Formerly Qual-Med, Seattle (SE) and Qual-Med, Spokane (SP))
Molina Healthcare of Washington ASO	91128	Y	No	Claims	
Molina Hlthcare TX	20554	Y	No	Claims	
Molina MI	00226	Y	No	Eligibility	
Molina UT	00227	Y	No	Eligibility	
Molina WA	00228	Y	No	Eligibility	
Molina of Indiana	00076	Y	No	Claims	
Molina of Indiana	00076	Y	No	Eligibility	
Monarch IPA	ip095	N	No	Claims	
Mondial Assistance	50749	Y	No	Claims	
Montana Medicaid - DPHHS/Health Policy Services Division	aid57	N	No	Eligibility	
Montefiore Contract Management Organization	13174	Y	No	Claims	Please contact Client Services for unique provider number.
Monumental Life Ins Co	mml13	N	No	Claims	Long Term Care only - PO Box 93019, Hurst TX 76053. Claim questions call 866-745-3543.
Monumental Life Ins Co	mml12	N	No	Claims	Major Medical, Cancer, LTC, LTC Rider - PO Box 34310, Louisville KY 40232 Customer Service 800-388-7995
Monumental Life Ins Co	mmlic	N	No	Claims	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
Motion Picture Industry Health Plan	mpi01	Y	No	Claims	
Motorola	36111	Y	No	Claims	
Mountain State Admin. Services (Tucson, AZ)	86040	Y	No	Claims	
Mplan Medicaid	35177	Y	No	Claims	
Multiplan Inc. for American					39634 only accepts claims for the states of AZ, IL, IN and

Family	39634	Y	No	Claims	OH. Claims for any other state SHOULD NOT be directed to 39634, no exceptions.
Multiplan WI Preferred Provider Network	34080	Y	No	Claims	Claims must be submitted with this payor id to be processed correctly.
Municipal Health Benefit Fund	81883	Y	No	Claims	
Mutual Assurance Administrators	37256	Y	No	Claims	
Mutual Group (The) (US)	59140	Y	No	Claims	
Mutual of Omaha	2420	N	No	Claims	
Mutual of Omaha Insurance Company	71412		Yes	ERA	
Mutual of Omaha Medicare-Part A	52280	N	No	Claims	Payor registration/approval required. Payor requirements/forms can be found at http://www.emdeon.com/enrollment/index.php
Mutually Preferred N.W. Ironworkers Health & Security Trust Fund - Grp# F15	71412	Y	No	Claims	
N.W. Ironworkers Health & Security Trust Fund - Grp# F15	91136	Y	No	Claims	Please include Group Number when submitting claims.
N.W. Roofers & Employers Health & Security Trust Fund - Grp# F26	-91136	Y	No	Claims	Please include Group Number when submitting claims.
N.W. Textile Processors - Grp# F14	91136	Y	No	Claims	Please include Group Number when submitting claims.
NAA (North American Administrators L.P.)	65085	Y	No	Claims	Only claims with following address can be sent electronically using this payor id PO Box 1984 / PO Box 25207 Nashville, TN 37202
NABN (Cleveland OH)	34159	Y	No	Claims	Payer ID only for claims with billing submission address of PO Box 94928, Cleveland, OH 44101-4928 or PO Box 89476, Cleveland OH 44101-5476.
NALC/Affordable	53011	Y	No	Claims	
NC BCBS	ncbc0		Yes	ERA	
NC Medicaid	ncmk0		Yes	ERA	
NC Medicare	ncmc0		Yes	ERA	
NCAS - Fairfax, VA	75190	Y	No	Claims	
NCAS-Charlotte	75191	Y	No	Claims	
NE BCBS	nebc0		Yes	ERA	
NE Medicaid	nemk0		Yes	ERA	
NE Medicare	nemc0		Yes	ERA	
NGS American, Inc	38225	Y	No	Claims	
NHP in Boston	04293	Y	No	Claims	Also known as Neighborhood Health Plan (Boston, MA)
NHP/SHP (Neighborhood Health Providers and Suffolk Health Plan)	11325	Y	No	Claims	Please submit claims with your unique NHP/SHP provider number.
NJ Carpenters Health Fund	22603	Y	No	Claims	
NJ Medicaid	njmk0		Yes	ERA	
NJ Medicare	njmc0		Yes	ERA	
NM BCBS	nmbc0		Yes	ERA	
NM Medicare	nmmc0		Yes	ERA	
NSG American	38225		Yes	ERA	
NTCA	52103	Y	No	Claims	PV150 PayorID should no longer be used after 12/31/2005
NTCA-Staff	52104	Y	No	Claims	PV150 PayorID should no longer be used after 12/31/2005
NV Medicaid	sknv0		Yes	ERA	
NW Suburban IPA	36346		Yes	ERA	
NY Medicare	nymc0		Yes	ERA	
NYMI AETNA Radiology Claims	14179	Y	No	Claims	Every claim submitted must contain the HMO Code or will be rejected and sent back to the provider.
NYMI Oxford	14180	Y	No	Claims	Every claim submitted must contain the HMO Code or will be rejected and sent back to the provider.
National Association of Letter Carriers	00214	Y	No	Eligibility	
National Association of Letter Carriers/NALC	53011	Y	No	Claims	
National Benefit Administrators - NC	56176	Y	No	Claims	
National Benefit Administrators - NJ	56175	Y	No	Claims	
National Capital Preferred Provider Organization (NCPPO)	90001	Y	No	Claims	Please call Client Services for provider ID number

National Chiropractic Network	58204	Y	No	Claims	
National Health Administrators	nhain	Y	No	Claims	
National Health Insurance Company	3868	N	No	Claims	
National Imaging Associates	sx190		Yes	ERA	
National Imaging Associates	sx190	Y	Yes	Claims	
National Rural Electric Coop (NRECA)	52132	Y	No	Claims	
National Rural Letter Carrier Association (Policy #GMG1846)	71412	Y	No	Claims	
Nationwide Health Plans	00086	Y	No	Eligibility	
Nationwide Health Plans	31417	Y	No	Claims	
Neighborhood Health Partnership	00422	N	No	Eligibility	
Neighborhood Health Partnership of Florida	96107	Y	No	Claims	Claims address: PO Box 25680 Miami FL 33102-5680
Neighborhood Health Plan (Boston, MA)	04293	Y	No	Claims	
Neighborhood Health Plan of Rhode Island	05047	Y	Yes	Claims	Please call HNPRI at 1-401-459-6030 to obtain or confirm your provider and vendor number prior to your initial claims submission.
Neighborhood Health Providers	88331	Y	No	Claims	
Nesika Health Group	37255	Y	No	Claims	
Netcare Life and Health Insurance (Hagatna, Guam)	66055	Y	No	Claims	
Network Health	call	N	No	Claims	Please contact Kim Holway at 617-806-8129 for the following information: (1) Payer ID #, and (2) Rendering Provider Network ID #.
Network Health	04332	Y	Yes	Claims	Before initiating submissions, please contact Provider Relations at (617) 806-8104 or edi@network-health.org for an EDI setup form.
Network Health Plan of Wisconsin, Inc.	39144	Y	Yes	Claims	Provider enrollment required call 405 942 9800 ext 223
Network Platinum Plus	77076	N	No	Claims	
Nevada Medicaid - First Health Services Corp	aid58	N	No	Eligibility	
NevadaCare	86067	N	No	Claims	
New Era Life Insurance Co.	75281	Y	No	Claims	
New Hampshire Medicaid	aid47	N	No	Eligibility	
New Jersey Medicaid	aid19	N	No	Eligibility	
New Jersey Medicare - yt A	00045	N	No	Eligibility	
New Market Dimensions	65056	Y	No	Claims	
New Mexico Medicaid	aid27	N	No	Eligibility	
New York Life - LTC	nyl11	N	No	Claims	Long Term Care Claims
New York Medicaid	aid18	N	Y	Eligibility	
New York Network Management, llc	11334	Y	No	Claims	
New York Presbyterian Community Health Plan	48186	n	No	Claims	
New York Presbyterian System	24818	Y	No	Claims	
Select Health					
Nippon Life Insurance Company	81264		Yes	ERA	
Nippon Life Insurance Company of America	00144	Y	No	Eligibility	
Nippon Life Insurance Company of America	81264	Y	No	Claims	
North American Benefits Network (Cleveland OH)	34159	Y	No	Claims	Payer ID only for claims with billing submission address of PO Box 94928, Cleveland, OH 44101-4928 or PO Box 89476, Cleveland OH 44101-5476.
North American Health Plan/North American Preferred	64157	Y	No	Claims	Now known as Meritain Health
North American Med Mngmt(Namm) North CA	e3510	N	No	Claims	
North American Medical Management IL	36398	Y	No	Claims	
North American Medical					Only claims from providers in Northern California. Please

Management (NAMM) - Northern California	e3510	N	No	Claims	contact Client Services for Provider Enrollment.
North Carolina Medicaid	aid21	N	No	Eligibility	
North Dakota Medicaid	aid59	N	No	Eligibility	
North Texas Healthcare Network	35212	Y	No	Claims	
Norther Nevada Trust Fund	88027	Y	No	Claims	Please Call 775 826 7200 to verify if you should be sending claims to this payor
Northern CA Sheet Metal Workers	38238	Y	No	Claims	Payer ID valid for claims with a submission address of PO Box 1138, San Ramon, CA 94583.
Northern Illinois Health Plan, Freeport II	36347	Y	No	Claims	
Northwest Diagnostic Clinic/SelectCare of Texas (NWDC)	62119	Y	No	Claims	
Northwest Physicians Network	npn11	Y	No	Claims	
Northwest Suburban IPA (Illinois)	36346	Y	No	Claims	
Nova Casualty Company	16114	Y	No	Claims	
Nova Healthcare Administrators, Inc. (Grand Island, NY)	16644	Y	No	Claims	
Novanet	06226	Y	No	Claims	
Novasys Health Network	71080	Y	No	Claims	
Novasys Health Network Little Rock AR	71080	Y	No	Claims	Payor ID can only be used for claims located in Little Rock AR. If group number is available this information should be entered.
Nyhart	37299	Y	No	Claims	
ODS Health Plan	13350	Y	No	Claims	
OH BCBS	ohbc0		Yes	ERA	
OH Medicaid	ohmk0		Yes	ERA	
OH Medicare	ohmc0		Yes	ERA	
OHP Family Care Plus/Standard	fcd01	N	Yes	Claims	
OK BCBS	okbc0		Yes	ERA	
OK Medicaid	okmk0		Yes	ERA	
OK Medicare	okmc0		Yes	ERA	
OR BCBS	orbc0		Yes	ERA	
OR Medicaid	ormk0		Yes	ERA	
OSF Health Plans	62171	Y	No	Claims	
Ochsner Health Plan	72127	Y	No	Claims	Rendering provider network id required on claims. Please contact Client Services.
Office of Group Benefits-Louisiana	72087	Y	No	Claims	a.k.a State Employees Group Benefits
Ohio Health Choice, PPO	34189	Y	No	Claims	Payer ID valid only for claims with a billing submission address of PO Box 3619, Akron, OH 44309-3619 or PO Box 93538
Ohio Health Group	95435	Y	No	Claims	
Ohio Medicaid	aid09	N	No	Eligibility	
Oklahoma Medicaid	aid32	N	No	Eligibility	
Omnicare	25150	N	No	Claims	A Coventry Health Plan
Omnicare - A Coventry Health Plan	00413	Y	No	Eligibility	
Omnicare Health Plan of Michigan	00284	Y	No	Eligibility	
One Call Medical	22321	Y	No	Claims	
OneNet PPO, LLC.	52149	Y	No	Claims	Name effective from 9/1/2006. Previous name Alliance PPO, LLC.
Optima Health	pypth		Yes	ERA	
Optima Health Management	54154		Yes	ERA	
Optima Health Plan	54154	Y	No	Claims	Payor requires assigned rendering network provider number on all electronic claims.
Optima Insurance Company	54154	Y	No	Claims	Payor requires assigned rendering network provider number on all electronic claims.
Optimum Choice of the Carolinas	52152	Y	No	Claims	
Optimum Choice of the Carolinas, Inc. (OCCI)	52148	Y	No	Claims	
Optimum Choice, Inc. (OCI)	52148	Y	No	Claims	

Optimum Healthcare, Inc	20133	Y	No	Claims	
Oregon Medicaid	aid44	N	No	Eligibility	
Orthonet (Uniformed Srvc					
Family Hlth Plan)	13382	Y	No	Claims	
Orthonet Aetna	13383	Y	No	Claims	
Orthonet Corporation-Cigna	13381	Y	No	Claims	
Orthonet-HealthNet White					
Plains NY	25681	Y	No	Claims	
Orthopedix Network, Inc.	58204	Y	No	Claims	
Oxford Health Insurance Inc	06111		Yes	ERA	
Oxford Health Plans	00016	Y	No	Eligibility	
Oxford Health Plans	06111	Y	No	Claims	Payer requires unique provider ID (the Oxford ID number) for new providers, please contact Client Services.
P5 Health Plan Solutions of					
Utah	87068	Y	No	Claims	
PA BCBS (Capital)	pabc1		Yes	ERA	
PA BCBS (Highmark)	pabc0		Yes	ERA	
PA Medicaid	pamk0		Yes	ERA	
PA Medicare	pamc0		Yes	ERA	
PAI/Planned Administrators					
INC	37287	Y	No	Claims	Providers submitting claims as a Preferred Blue provider should not submit claims using payer ID 37287
PHCS Fortis Benefits Kansas					
City	70408		Yes	ERA	
PHCS Savility Payers	13306	Y	No	Claims	
PHP	00036	Y	No	Claims	Claims mailing address: PO Box 25938 Shawnee Mission, KS 66225
PHP TennCare	00362	Y	No	Eligibility	
PHP TennCare	62155	Y	No	Claims	
PHP of Michigan	00112	Y	No	Eligibility	
PHP of Mid-Michigan	87726	Y	No	Claims	
PHP of Mid-Michigan	00112	Y	No	Eligibility	
PHP of South Carolina	87726	Y	No	Claims	
PHP of South Michigan	87726	Y	No	Claims	
PHP of South Michigan	00112	Y	No	Eligibility	
PHP of Southwest Michigan	00112	Y	No	Eligibility	
PHP of Southwest Michigan	87726	Y	No	Claims	
PHP of West Michigan	00112	Y	No	Eligibility	
PHP of West Michigan	87726	Y	No	Claims	
PHPMM - FamilyCare	37330	Y	No	Claims	Group number as well as Provider Identification number is required on all claims
PHS/Healthnet	06108		Yes	ERA	
PIMA Health	09861	N	No	Claims	
PM Group	67466	Y	No	Claims	
POMCO	16111	Y	No	Claims	
PPOM, LLC/Cofinity	38335	Y	No	Claims	
PPOPlus LLC	72148	Y	No	Claims	
PacifiCare Behavioral Health,	33053	Y	No	Claims	
Inc.					
PacifiCare Health Systems &	09171	N	Yes	Claims	
Subsidiaries					
PacifiCare PPO - All States	95999	Y	No	Claims	For payable PPO claims only. NOT for PacifiCare/Secure Horizons HMO claims.
PacifiCare of Arizona	00341	N	No	Eligibility	
PacifiCare of Arizona (Claims	call	N	No	Claims	Contact Client Services to become eligible to initiate the EDI process.
only no Encounters)					
PacifiCare of Arizona - Claims	95964	Y	No	Claims	For payable PacifiCare/Secure Horizons HMO and POS claims only. Not for PPO claims.
PacifiCare of California	00010	Y	No	Eligibility	
PacifiCare of California	95958	Y	No	Encounters	Must submit with PacifiCare Submitter ID. Please call Client Services to obtain.
PacifiCare of California	95959	Y	No	Claims	Please call Client Services
PacifiCare of Colorado	00342	N	No	Eligibility	
PacifiCare of Colorado -					
Claims	95962	Y	No	Claims	For payable PacifiCare/Secure Horizons HMO and POS claims only. Not for PPO claims.
PacifiCare of Oklahoma	00035	Y	No	Eligibility	
PacifiCare of Oklahoma	95958	Y	No	Encounters	Must submit with PacifiCare submitter ID. Please call Client Services to obtain.
PacifiCare of Oklahoma	95959	Y	No	Claims	Please call Client Services.
PacifiCare of Oregon	00034	Y	No	Eligibility	

PacifiCare of Oregon	95959	Y	No	Claims	For Payable PacifiCare/Secure Horizon HMO and POS Claims only. NOT for PPO or Indemnity Claims. For more information, please call Client Services.
PacifiCare of Texas	95959	Y	No	Claims	
PacifiCare of Texas	00036	Y	No	Eligibility	
PacifiCare of Texas	95958	Y	No	Encounters	Must submit with PacifiCare submitter ID. Please call Client Services to obtain.
PacifiCare of Washington	95959	Y	No	Claims	
PacifiCare of Washington	00049	Y	No	Eligibility	
PacifiCare of Washington	95958	Y	No	Encounters	Must submit with PacifiCare submitter ID. Please call Client Services to obtain.
Pacific Life & Annuity Company	67466	Y	No	Claims	
PacificSource Health Plans	93029	Y	No	Claims	
Pacificare Secure Horizons	welm2	N	No	Claims	Payor ID only to be used of the following addresses: PO Box 400066 San Antonio, TX 78229 or PO Box 291108 San Antonio, TX 78229
Pacificare of Oregon	95958	Y	No	Encounters	Must submit with PacifiCare submitter ID. Please call Client Services to obtain.
Pacificare/Secure horizons	95959		Yes	ERA	
Pacificsource Health Plans	93029		Yes	ERA	
Palm Beach County Health Care District	95827	Y	No	Claims	
Paragon Benefits	58174	Y	No	Claims	
Paramount Health Care	sx158	N	No	Claims	
Parity Healthcare LLC	58204	Y	No	Claims	
Parkland Community Health Plan	66917	Y	No	Claims	
Partners National Health Plans call of North Carolina, Inc			N	No	Claims
Partnership Health Plan of CA	00343	N	P	Eligibility	Call Client Services to become eligible to submit EDI Claims.
Passport Advantage	76569	N	Yes	Claims	
Passport Health Plan	61129	Y	No	Claims	Medicaid managed Care.
Passport Health Plan	61129		Yes	ERA	
Patient Advocates, LLC	10525	Y	No	Claims	
Peach State	68049		Yes	ERA	
Peach State Health Plan	68049	Y	Yes	Claims	Enrollment required. Please call 800-225-2573 ext 25525 prior to submitting claims.
Pearce Admin	22195	N	No	Claims	
Pediatric Associates Provider Services Network, LLC	20472	Y	No	Claims	
Pehp/Ut Public Empl Hlth Plan	sx106	N	Yes	Claims	
Pennsylvania Medicaid	aid29	N	No	Eligibility	
People Health Network	72126	Y	No	Claims	Rendering provider network id required on claims. Please contact phn.provider@tenethealth.com
Performax, Inc.	41124	Y	No	Claims	Payer ID valid only for claims with a billing submission address of P.O. Box 27267, Minneapolis, MN 55427-0267.
Performax/Benefit Concepts	51037	Y	No	Claims	
Personal Choice	54704		Yes	ERA	
Personal Choice	54704	N	No	Claims	
Personal Insurance Administrators, Inc. (Agoura Hills, CA)	95397	Y	No	Claims	
PersonalCare	00179	Y	No	Eligibility	
Phoenix Health Plan	03440	Y	No	Claims	
Phoenix Health Plan	00344	Y	No	Eligibility	
Physician Associates of Louisiana	58204	Y	No	Claims	
Physicians Alliance Srripa	15749	Y	No	Claims	
Physicians Care Network (Rockford, IL only)	36345	Y	No	Claims	Payer ID valid only for claims with billing submission name, city, and state of Physicians Care Network, Rockford, IL.
Physicians Care/Physicians Care Hlth Plans	38265	Y	No	Claims	
Physicians Health Assocn of IL	37136	Y	No	Claims	
Physicians Health Collaborative	20398	Y	No	Claims	
Physicians Health Plan	47027		Yes	ERA	
Physicians Health Plan Inc. (South Carolina)	87726	Y	No	Claims	

Physicians Health Plan PHP South Michigan	37330	Y	No	Claims	Group number as well as Provider Identification number is required on all claims
Physicians Health Plan SC Php	09173	Y	No	Claims	
Physicians Health Plan of Northern IN	12399	Y	Yes	Claims	Call advocate service (405) 942 9800 regarding your PHP assigned Provider ID. Contracted Providers: All claims require NPI. Contact (260) 432-6690 x549 with questions.
Physicians Healthcare Plans Inc.	65031	Y	No	Claims	
Physicians Mutual	00287	Y	No	Eligibility	
Physicians Mutual Ins Co NE	47027	Y	No	Claims	Physicians Mutual Ins Co located in Omaha Nebraska only.
Physicians Plus Insurance Corporation	39156	Y	No	Claims	
Physicians United Plan	10775	Y	Yes	Claims	Please discuss enrollment requirements with your advocate.
Piedmont Administrators	56151	Y	No	Claims	
Pinnacle Claims Management, Inc.	24735	Y	No	Claims	
Pinnacle Health Resources	prosp	N	No	Claims	
Pinnacle Physician Management ORG	45985	Y	No	Claims	
Pinnacle Assurance	84109	Y	No	Claims	
Pittman & Associates	37224	Y	No	Claims	
Pivotal Plan	64160	Y	No	Claims	
Podi Care Managed Care	58204	Y	No	Claims	
Podiatry Network Solutions	58204	Y	No	Claims	
Poly America Medical & Dental Benefits Plan	32680	Y	No	Claims	
Poly-America Medical & Dental Benefits Plan	00244	Y	No	Eligibility	
Poly-America Medical & Dental Benefits Plan	00244	Y	No	Eligibility	
Practicare Inc.	04334	Y	No	Claims	
Prairie States Enterprises, Inc.	36373	Y	No	Claims	If Group Number is available, this information should be entered.
Preferred Benefits Administrator	61665	Y	No	Claims	
Preferred Care	sx089	N	Yes	Claims	
Preferred Care Inc. Florida	59291	Y	No	Claims	
Preferred Care NC	56178	Y	No	Claims	
Preferred Care Partners	65088	Y	No	Claims	We process claims for only the Miami, Florida area. Please check the address on the members id card before submitting claims.
Preferred Care Partners Encounters	65090	Y	No	Encounters	
Preferred Community Choice/PCCSelect/CompMed	73145	Y	No	Claims	
Preferred Health Care	call	N	Yes	Claims	Please contact your client advocate.
Preferred Health Plan (Louisville, KY)	61106	Y	No	Claims	
Preferred Health Professionals	31478	Y	No	Claims	
Preferred Health Professionals PHP	00036	Y	No	Claims	Claims mailing address: PO Box 25938 Shawnee Mission, KS 66225
Preferred Health Systems	00036	Y	No	Claims	Claims mailing address: PO Box 25938 Shawnee Mission, KS 66225
Preferred Health Systems	00263	Y	No	Eligibility	
Preferred Health Systems Insurance Company	60110	Y	No	Claims	
Preferred Health Systems Insurance Company (PHSIC)	60110		Yes	ERA	
Preferred Network Access/Darien IL	36401	Y	No	Claims	P.O. Box 2248 Darien, IL 60561
Preferred One	00371	N	No	Eligibility	
Preferred One (MN)	41147	Y	No	Claims	
Preferred Plus of Kansas	60110	Y	No	Claims	
Premera Blue Cross of Washington	wabc1		Yes	ERA	
Premier Benefits, Inc./Premier Health Plans	43166	Y	No	Claims	
Premier Eye Care	65054	Y	No	Claims	Please contact Client Advocate prior to submitting claims. Please verify the patient and payor information on the

Premier Health Systems, Inc.	90440	Y	No	Claims	member's card before submitting claims. Premier Health Systems of South Carolina PO Box 1640 Columbia, SC 29202
Presbyterian NM	05003	Y	No	Claims	
Presbyterian Salud	nmmk1		Yes	ERA	
Presbyterian Salud	nmmk1	N	No	Claims	
Prestige Health Choice	45056	Y	No	Claims	
Prevea Health Insurance Plan	39185	Y	No	Claims	
Primary Care Associates Medical Group	ip079	N	No	Claims	
Primary Care Plus	nemk0	N	Yes	Claims	
Primary Delivery Services	61101	Y	No	Claims	
Primary Health Network	82048	y	No	Claims	
Primary Physician Care, Inc.	56144	Y	No	Claims	
Prime Benefits Systems, Inc. - MO	61101	Y	No	Claims	
Prime Health Kansas City, Inc. - MO	61101	Y	No	Claims	
Prime Health Management Services - MO	61101	Y	No	Claims	
Prime Health of Kansas, Inc., - MO	61101	Y	No	Claims	
Prime Vision Health	56190	Y	No	Claims	
Prime West Health Plan	61604	Y	No	Claims	
Prime West Health Plan	61604		Yes	ERA	
Prims Network Inc	37268	Y	No	Claims	
Principal Financial Group	61271	Y	No	Claims	
Principal Financial Group	00143	Y	No	Eligibility	
Principal Life Insurance Co.	61271	Y	No	Claims	
Principal Life Insurance Company	00143	Y	No	Eligibility	
Principal Life Insurance Company	61271		Yes	ERA	
Priority Health	38217		Yes	ERA	
Priority Health	38217	Y	No	Claims	Please call Client Services prior to submitting claims to obtain the pay to code.
Prism Network, Inc.	37296	Y	No	Claims	
Prism-First Health	37303	Y	No	Claims	If group number is available, this information should be entered.
Prism-Univera West Seneca NY	37315	Y	No	Claims	
Pro Care Health Plan Detroit MI	38329	Y	No	Claims	Payor ID valid for claims with the following submission addresses: PO Box 3160 Detroit MI 482030160 and PO Box 3590 Detroit MI 482030590
Professional Risk Management Professional Benefit Administrators (Winter Park, FL)	34134	Y	No	Claims	
Professional Benefit Administrators, Inc. (Oak Brook, IL)	36331	Y	No	Claims	Payer ID is valid only for claims with a billing submission name, city, and state of Professional Benefit Administrators, Inc., Oak Brook, IL.
Professional Benefits Admins-IL Inc.	00415	N	No	Eligibility	
Professional Claim Administrators	41163	Y	No	Claims	This is a new connection
Professional Insurance Company (PIC)	59041	Y	No	Claims	Formerly GE Voluntary Benefits PIC
Promina ASO	00193	Y	No	Eligibility	
Promina ASO (formerly Healthcare Inc.(HCI)	25127	N	No	Claims	
Protective Life Insurance Company	37309	Y	No	Claims	
ProviDRs Care Network	48100	N	No	Claims	
Providence Health Plan	00346	N	No	Eligibility	
Providence PPO	sx187	Y	No	Claims	
Providence of OR Choice Option	sx131	N	Yes	Claims	
Providence of OR Good Health Plan	sx132	N	Yes	Claims	
Providence of OR Health Plan	sx133		Yes	ERA	

Providence of OR Health Plan	sx133	Y	No	Claims	
Providence of OR Health Plan HMO	sx134	N	Yes	Claims	
Providence of OR Medicaid	sx135	N	Yes	Claims	
Providence of OR Medicaid Extra	sx137	N	Yes	Claims	
Providence of OR Medicaid Option	sx136	N	Yes	Claims	
Providence of OR Option	sx138	N	Yes	Claims	
Providence of OR Traditional Option	sx139	N	Yes	Claims	
Psn Florida Medicaid	09822	Y	No	Claims	
Psychcare, L.L.C.	51052	Y	No	Claims	
Puerto Rico Medicaid	aid60	N	No	Eligibility	
Puget Sound Benefits Trust - Grp# F25	91136	Y	No	Claims	Please include Group Number when submitting claims.
Puget Sound Electrical Workers Trust - Grp# 33	91136	Y	No	Claims	Please include Group Number when submitting claims.
Puget Sound Health Partners, Inc	42172	Y	No	Claims	
Quadmed (West Allis, WI)	39197	Y	No	Claims	This payor id is only valid with this address: Quadmed Claims 555 S. 108th ST West Allis, WI 53217-1145
Qual Choice of Arkansas	35174	Y	No	Claims	
QualCare, Inc.	23342	Y	No	Claims	New Providers must enroll with QualCare. Call Client Services.
Quality Health Plan	qhp01	Y	No	Claims	
Quicktrip	73067	Y	No	Claims	Payor does not return any reports. Providers will need to reach out to the payor at 918-615 -7972 if they have claim status questions. E-print address: QuikTrip P.O. Box 733 Buckeystown, MD 21717
Quincy Health Care Management Inc.	37129	Y	No	Claims	
Qvi Risk Solutions Inc	57117	Y	No	Claims	
RBMS, LLC	91176	Y	No	Claims	
RMSCO, Inc.	16117	Y	No	Claims	Liverpool, New York location
Railroad Medicare	rrmcr		Yes	ERA	
Railroad Medicare	rrmcr	N	Yes	Claims	
Regence Blue Cross of Washington	wabc0	N	No	Claims	
Regence Blue Cross of Washington	wabc0		Yes	ERA	
Regency Employee Benefits Port Huron MI	38221	Y	No	Claims	Payor ID can only be used for claims located in Port Huron, MI. Payor requires a 9 digit numeric insured group number. If not present claims will reject.
Regional Care Inc	47076	Y	No	Claims	
Reliance Standard Life Ins Co.	00427	Y	No	Eligibility	
Renaissance Physicians Organization	76066	Y	No	Claims	Also known as Texas Healthsprings
ResourceOne Administrators	37278	Y	No	Claims	Formally AdminOne
Resurrection Health Care Preferred/FKA Family Medical Network	36396	Y	No	Claims	Payor requires a call prior to first submission of claims. 773-572-8311 or 733-572-8309
RightChoice Benefit Administrators	37331	N	No	Claims	
Rocky Mountain Health Plan	00347	N	No	Eligibility	
Rocky Mountain Health Plans	mtnhp	N	No	Claims	
Rocky Mountain Health Plans	mtnhp		Yes	ERA	
Rooney Life Inc.	37602	Y	No	Claims	
Rush Prudential Health Plans (HMO Only)	36389	Y	No	Claims	
S&S Healthcare Strategies	31441	Y	No	Claims	
SC BCBS	scbc0		Yes	ERA	
SC Medicaid	scmk0		Yes	ERA	
SCAN HMO	00350	N	No	Eligibility	
SCAN Health Plan	72189	Y	No	Claims	
SCAN Long Term Care	20460	Y	No	Claims	
SCHC Total Care Inc. (Acceptius Gateway payer)	16146	Y	No	Claims	
SCION Dental	scion	Y	No	Claims	

SIHO - Southeastern Indiana Health Organization	siho0	N	No	Claims	
SRT Administrators Inc.	00395	N	No	Eligibility	
SW BCBS of Florida(Little Co. of Mary Health Providers)	m3il2	N	No	Claims	
Sagamore Health Network	35164	Y	No	Claims	
Sage Technologies	37105	Y	No	Claims	
Saint Marys Health Plan	88029	Y	No	Claims	
Saint Marys Health Plan Encounters	88082	Y	No	Encounters	
Samaritan Health	2122	n	Yes	Claims	
Samba	37259	Y	No	Claims	All professional claims should be submitted to CIGNA payer id 62308. Do not send medicare claims we receive claims direct from medicare.
San Francisco Health Plan	00348	N	Y	Eligibility	
San Joaquin Health Plan	00349	N	Y	Eligibility	
Sante Health System and Affiliates	77038	Y	No	Claims	
Scan Health Plan Arizona	73172	Y	No	Claims	
Scott White Health Plan Temple	88030	N	No	Claims	
Secure Health Plans of Georgia, LLC	28530	Y	No	Claims	Rendering provider number required for all claims. Must be either Secure Health Plan assigned number or the UPIN.
Secure Horizons Oregon	00034	Y	No	Eligibility	
Secure Horizons Arizona - Claims	95964	Y	No	Claims	For payable PacifiCare/Secure Horizons HMO and POS claims only. Not for PPO claims.
Secure Horizons California	00010	Y	No	Eligibility	
Secure Horizons Colorado - Claims	95962	Y	No	Claims	For payable PacifiCare/Secure Horizons HMO and POS claims only. Not for PPO claims.
Secure Horizons Direct	87726	Y	No	Claims	
Secure Horizons Oklahoma	00035	Y	No	Eligibility	
Secure Horizons Texas	00036	Y	No	Eligibility	
Secure Horizons Washington	00049	Y	No	Eligibility	
Securian	93742	N	No	Claims	
Security Health Plan	39045	Y	No	Claims	
Select Advantage	sa704	N	No	Claims	
Select Benefit Administrators (Des Moines, Iowa)	42137	Y	No	Claims	
Select Benefits Admin of America Ashland WI	37282	Y	No	Claims	Claims with the following submission address can be sent to this Payor ID. PO Box 440 Ashland WI 54806
Select Health of South Carolina	23285	Y	No	Claims	
Select Senior Clinic	20415	Y	No	Claims	
SelectCare of Texas (Kelsey-Seybold)	61225	Y	No	Claims	
Selectcare	00014	Y	No	Claims	
Self Insured Benefit Administrators (Clearwater, FL)	59111	Y	No	Claims	Payer ID valid only for claims with a submission address of 18167 US Highway 19 North, Suite 300, Clearwater, FL 33764. If group number is available it should be entered
Self Insured Plans	36404	Y	No	Claims	
Self-Funded Plans	34131	Y	No	Claims	
Senior Whole Health	83035	Y	No	Claims	
Sentara Health Management	54154	Y	No	Claims	Payor requires assigned rendering network provider number on all electronic claims.
Sentara family care	54154	Y	No	Claims	Payor requires assigned rendering network provider number on all electronic claims.
Sentinel Management Services	23249	Y	No	Claims	This payor requires a group number on all claims.
Sentry Insurance a Mutual Company/ Sentry Life of New York	39033	Y	No	Claims	Claims must have the Sentry Life Ins Co Grp and Subscriber numbers. Please call 1-800-426-7234 to verify correct numbers.
Seton CHIP	76056	Y	No	Claims	
Seton Employee Plan	shebp	Y	No	Claims	For group ID's SHPI and SHPII
Shared Advantage Americhoice of UHC	87726		Yes	ERA	
Shasta Administrative Services	75280	Y	No	Claims	
Sierra Health Services	76342		Yes	ERA	
Sierra Health Services	76342	Y	No	Claims	Payor ID only for claims with address PO Box 15645 Las Vegas NV 891145645 or 2720 N Tenaya Las Vegas NV

Sierra Health Services Encounters	76343	Y	No	Encounters	89128 Payor ID only for encounters with following address PO Box 15645 Las Vegas NV 891145645 and 2720 N Tenaya Las Vegas NV 891280424
Signature Health Alliance	62159	Y	No	Claims	Valid only for HCFA-1500 claims currently mailed to Signature Health Alliance, P.O. Box 22419, Nashville, TN 37202-2419.
Sinclair Health Plan	84076	Y	No	Claims	Payor ID 83023 should no longer be used for Sinclair Health Plan
Sioux Valley Health Plan SD	svhp	N	Yes	Claims	
Sisco Enterprises (Interplan)	2491	N	No	Claims	
Sisco First Health WC	2491	N	No	Claims	
Sloans Lake Preferred Health Networks	84096	Y	No	Claims	
Smith Administrators	02057	Y	No	Claims	
Sound Health (now known as First Choice Health Network)	91131	Y	No	Claims	Group Name and Group Number must be entered on claims.
South Carolina Medicaid - DHHS	aid61	N	No	Eligibility	
South Dakota Medicaid	aid28	N	No	Eligibility	
South IN Health Options HMO	sx142	N	Yes	Claims	
South IN Health Options Tpa	sx144	N	Yes	Claims	
South IN Health options Prime Care Choice	sx143	N	Yes	Claims	
South Point Hotel&Casino	35227	Y	No	Claims	
Southcare/Healthcare Preferred	25147	N	No	Claims	Coventry of Kansas City leased PPO
Southern Benefit Services Lafayette LA	37318	Y	No	Claims	Employee Benefit Services will no longer process claims from the following Provider Grps: Brockman Enterprises and SPS International.
Southern Health Services Inc.	00156	Y	No	Eligibility	
Special Agents Mutual Benefit Association	37259	Y	No	Claims	All professional claims should be submitted to CIGNA payer id 62308.
Special Risk International	52190	Y	No	Claims	
Spectrum Administrators Inc.- TPA/Valley Preferred-PPO Allentown PA	23253	Y	No	Claims	
Spina Bifida - VA HAC	00232	Y	No	Eligibility	
Spina Bifida - VA HAC	84146	Y	No	Claims	
St Josphehs IPA	stjoe	N	No	Claims	
St. Anthony Memorial Healthcare Centers - MDWISE	35199	Y	No	Claims	
St. Barnabas System Health Plan	22240	Y	No	Claims	
St. Catherine Hospital PHO - MDWISE	35199	Y	No	Claims	
St. Francis Health Network	35199	Y	No	Claims	
St. Johns Claims Administration	37264	Y	No	Claims	
St. Margaret Mercy Healthcare Centers - MDWISE	35199	Y	No	Claims	
St. Therese Physician Association	37116	Y	No	Claims	
Standard Ins. Co.	00429	Y	No	Eligibility	
Standard Life Ins. Co. of New York	00430	Y	No	Eligibility	
Stanislaus County MIA Program	00352	N	Y	Eligibility	
Star HRG	00235	Y	No	Eligibility	
Starmark	61425	Y	No	Claims	
State Farm Group Medical & Individual Health Insurance Companies	31053	Y	No	Claims	
State Farm Insurance Companies	31053		Yes	ERA	
State Health Benefit Plan	gabc0	N	No	Claims	
State of Texas Dental Plan	57254	Y	No	Claims	
States General Life Insurace	75087	Y	No	Claims	
Staywell Health Plan	14163	Y	No	Claims	Wellcare Provider ID is required. To obtain your Provider ID,

Sterling Medicare Advantage	67829	Y	No	Claims	please call (800) 960-2530 option 2 then 5.
Sterling Option 1	91151	Y	No	Claims	
Sterling Option One	91151		Yes	ERA	
Stirling&Stirling	06089	N	No	Claims	
Stoner and Associates (Cincinnati, OH)	31121	Y	No	Claims	
Stones River Regional IPA- Windsor	15752	Y	No	Claims	
Strategic Recource Co (SRC)/Aetna Affordable Hlth Choices	57604	Y	No	Claims	SRC claims only.
Student Insurance	00290	Y	No	Eligibility	Payor ID only valid if the P.O. Box on the Health ID card matches one of the followin P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, Dallas, TX 75380.
Student Insurance - Mid-West National Life Insurance Co. of Tennessee	74227	Y	No	Claims	Payor ID only valid if the P.O. Box on the Health ID card matches one of the followin P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, Dallas, TX 75380.
Student Insurance - The MEGA Life & Health Insurance Company	74227	Y	No	Claims	Payor ID only valid if the P.O. Box on the Health ID card matches one of the followin P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, Dallas, TX 75380.
Suffolk Health Plan of New York	88331	Y	No	Claims	
SummaCare Health Plan	95202	Y	No	Claims	Every claim submitted electronically must contain a Claim Level Rendering Provider ID or the claim will be rejected.
Summerlin Life & Health Insurance	86071	N	No	Claims	
Summit America Ins services Inc	37301	Y	No	Claims	Student Accident and Sickness, College Sports and NASCC claims only
Sun Life and Health Insurance Company (U.S.) /Genworth (aka GEGLAC/GE Group Life)	67815	Y	No	Claims	also includes former Phoenix Home Life, Phoenix Mutual, The Phoenix)
Superior Administrators Inc.	00396	N	No	Eligibility	
Superior Administrators, Inc (Santa Ana, CA)	23218	Y	No	Claims	Payer ID valid for claims with a submission address of P.O. Box 27730, Santa Ana, CA 92799-7730
Superior Health Plan Texas	39188	Y	No	Claims	Please contact Client Services before sending claims.
TLC Family Health Care Plan	00405	Y	No	Eligibility	
TML Intergovernmental Employee Benefit Pool/Texas Municipal League	74214	Y	No	Claims	Payor formerly known as Texas Municipal League
TN Medicare (Institutional)	tnmch		Yes	ERA	
TR Paul Inc.	37230	Y	No	Claims	
TX BCBS	txbc0		Yes	ERA	
TX Medicaid	txmk0		Yes	ERA	
TX Medicare	txmc0		Yes	ERA	
Tall Trees Administrators	88067	Y	No	Claims	
Tarrant Health Services	37228	Y	No	Claims	
Tbg Administrative Services	39157	Y	No	Claims	
Teachers Health Trust	88019	Y	No	Claims	
Team Choice Gold	75139	N	No	Claims	
Team Choice PNS	75133	Y	No	Claims	
Team Choice UMC	75134	Y	No	Claims	
Teamcare	36215	Y	No	Claims	
Teamsters Local Union #301	36612	Y	No	Claims	
Tennessee Medicaid	aid13	N	No	Eligibility	
Texas CHIP	00424	Y	No	Eligibility	
Texas Childrens Health Plan	76048	Y	No	Claims	
Texas Childrens Health Plan (Medicaid)	75228	Y	No	Claims	
Texas Healthspring	ths01	N	No	Claims	
Texas Medicaid	aid05	N	No	Eligibility	
Texas True Choice	ttcec	N	No	Claims	
TexasFirst Health Plan (NTX)	13185	Y	No	Claims	
The Boon Group	boong	N	No	Claims	also known as Foundation Benfits Administration
The Chesapeake Life Insurance Company - Student Insurance	74227	Y	No	Claims	Payor ID only valid if the P.O. Box on the Health ID card matches one of the followin P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, Dallas, TX 75380.
The City of Odessa located in	75600	Y	No	Claims	Group number is required.

Odessa, TX							
The EPOCH Group	28777	Y	No	Claims			
The Ford Meter Box Co Inc	37305	Y	No	Claims			Only providers that have (NOT) been contracted with The Ford Meter Box PPO's should send to this payor ID number.
The Guardian Life	64246		Yes	ERA			
The Health Exchange (Cerner Corporation)	20356	Y	No	Claims			
The Health Plan (Massillon, Ohio and St. Clairsville, Ohio only)	34150	Y	No	Claims			Services ordered by outside provider require referring provider on a HCFA and attending physician on a UB. Please provide physician name and UPIN if available.
The Healthcare Group	35206	Y	No	Claims			
The Integrity Benefit Network, Inc. (Marietta, GA)	58200	Y	No	Claims			
The MEGA Life & Health Insurance Company - Starbridge StarHRG	59225	Y	No	Claims			Payer ID valid only if the address on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 55270,30870,30888,54150,30069,55400, Phoenix, AZ 85270-5270.
The Mega Life & Health Ins. Co.	59221	Y	No	Claims			Payor ID valid only if the address on the Health ID card matches the folling P.O. Box 982009, North Richland Hills, TX 761825
The Mega Life & Health Ins. Co. OKC	59227	Y	No	Claims			Payor ID only valid if the P.O. Box on the Health ID Card matches the following P.O. Box: P.O.Box 548801, Oklahoma City, OK 73154
The National Radiology Network	59087	Y	No	Claims			Formerly Health Help Network
The OATH A Health Plan for Alabama	63092	Y	No	Claims			Please note that all claims submitted require a 4-6 digit Rendering Provider ID. Please contact Client Services.
The Oath of Louisiana	72112	N	No	Claims			
The Perfect Health Ins Co	13522	Y	No	Claims			
The Union Labor Life Ins. Co.	13142	Y	No	Claims			
Thomas H Cooper	sx160	N	Yes	Claims			
Three Rivers Health Plans Inc/Unison	25175		Yes	ERA			
Time Insurance Company	00252	Y	No	Eligibility			
Tmg/Sun Health	tmgaz	N	No	Claims			
Todays Hlth WI/Abri Hlth Plan Inc	20081	Y	No	Claims			
Todays Option/Pyramid Life/American Progressive	48055	Y	No	Claims			
Tongass Timber Trust	92620	Y	No	Claims			
Tooling & Manufacturing Association	61425	Y	No	Claims			
Total Carolina Care	68055	Y	No	Claims			
Total Clm Admin/N. Broward Hsp Dist	37314	Y	No	Claims			Only send claims for Total Claims Admin./North Broward Hospital District
Total Community Care	31182	Y	No	Claims			
Total Health Care, Inc Detroit MI	38201	Y	No	Claims			
Touchpoint Health Plan HMO	97910	Y	No	Claims			
Touchstone Health Net Smart Choice	13402	Y	No	Claims			
Touchstone Health PSO	23856	Y	No	Claims			
Touchstone Health/Health Net SmartChoice	00265	Y	No	Eligibility			
Tower Life Insurance Co.	69493	Y	No	Claims			
TransAmerica Assurance Company	tsaa2	N	No	Claims			Use this payor ID for the following: Grp 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 501-227-1284
TransAmerica Assurance Company	tsaac	N	No	Claims			Cancer-PO Box 36580, Louisville KY 40233
TransAmerica Financial Life Ins Co	tflic	N	No	Claims			Long Term Care only-PO Box 93019, Hurst TX, 76053. Call 866-745-3542 with claim questions.
TransAmerica Life Ins Co	tlin3	N	No	Claims			Cancer, Heart Attack, Hopsitalization, Stroke, Intensive care coverage-PO Box 36580 Louisville KY 40233, customer service 866-242-2806. Major Medical-PO Box 34310 Louisville KY 40232. Customer Service 866-792-7615
TransAmerica Life Ins Co	tlin2	N	No	Claims			Long Term Care only-PO Box 93019, Hurst TX 76053. Call

TransAmerica Life Ins Co	tlins	N	No	Claims	866-745-3542 with claim questions. 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 Claim questions call 501-227-1284
TransAmerica Life Insurance (MEGALIFE)	00208	Y	No	Eligibility	
TransAmerica Life Insurance Company	59222	Y	No	Claims	Payor ID valid only if the address on the Health ID Card matches the following: PO Box 982009 North Richland Hills, TX 76192
TransAmerica Occidental Life Ins Co	tolic	N	No	Claims	Hospital Surgical, Major Medical, Special Accident-PO Box 34310, Louisville KY, 34310. Customer Service 800-315-5717
TransAmerica Occidental Life Ins Co	toli2	N	No	Claims	Long Term Care only-PO Box 93019, Hurst TX, 76053. Call 866-745-3455 with claim questions.
TransChoice-Key Benefit Administrators	37284	Y	No	Claims	
Trellis Health Partners	36397	Y	No	Claims	
TriSurant	34185	Y	No	Claims	Formerly Health Administration Services-HAS
Triad Healthcare Inc.	39181	Y	No	Claims	
Tribute /SelectCare of Oklahoma	73117	Y	No	Claims	
Tricare	chpwr	N	Yes	Claims	
Tricare (CHAMPUS)	00080	N	No	Eligibility	
Tricare (West)	chpwr		Yes	ERA	
Tricare Europe	chpwr	N	Yes	Claims	
Tricare For Life	chppr	N	Yes	Claims	
Tricare for Life	chppr		Yes	ERA	
Tricare, North Region	57106	Y	No	Claims	TRICARE North Region includes - CT, DE, IL, IN, KY, MA, MD, ME, MI, NC, NH, NJ, NY, OH, PA, RI, VA, VT, WI, WV and some zip codes in IA/MO/TN - contact Tricare North at (877) 874-2273 for details.
Trilogy Health	98514	Y	No	Claims	
Trinity Health Plans	38269	Y	Yes	Claims	Enrollment required; please contact Client Services
True Choice USA	tcusa	N	No	Claims	PO Box 6029, Ft Smith AR 72906-6029 (mrs)
True Choice USA	54210	Y	No	Claims	
Trusted Plans Service Corporation	91078	Y	No	Claims	
Trustmark	00233	Y	No	Eligibility	
Trustmark Insurance Company	61425	Y	No	Claims	
Trustmark/Starmark Insurance	61425		Yes	ERA	
Tufts Associated Health	call	N	No	Claims	Contact Client Services prior to submitting EDI claims
Tufts Health Plan	04298		Yes	ERA	
Tufts Health Plan	00114	Y	No	Eligibility	
UBH United Behavioral Health (Health Plan HMO)	87726	Y	No	Claims	
UBH United Behavioral Health (former MetraHealth UNET)	87726	Y	No	Claims	
UHA University Health Alliance	99026	Y	No	Claims	
UHP of NJ (Centene)	22329	Y	No	Claims	
UICI - Administrators - State of Nevada	74223	Y	No	Claims	Accepting claims only for the State of Nevada.
UICI-Administrators	75240	Y	No	Claims	
UMC Lubbock	75130	Y	No	Claims	
UMWA Health & Retirement Funds	52180	Y	No	Claims	Unique provider ID required -- call
UNICARE	80314	Y	No	Claims	
UNICARE Individual Small Group	80314	Y	No	Claims	
UNICARE Major Accounts	80314	Y	No	Claims	
UPMC Health Plan	23281	Y	No	Claims	
UPMC Health Plan	23281		Yes	ERA	
US Benefits	93092	Y	No	Claims	
USAA (United Services Automobile Association)	74095	Y	No	Claims	Property and Casualty Division Only
USAA Life Insurance Company	usaa	Y	No	Eligibility	
USFHP St. Vincent Catholic	13407	Y	No	Claims	

Medical Centers of New York						
Ucare of Minnesota	4496	N	No	Claims		
Ucare of Minnesota	4496		Yes	ERA		
Underwriters Safety and Claims	00398	N	No	Eligibility		
Unicare	80314		Yes	ERA		
Unified Group Services	35198	N	No	Claims		Workers Compansation Claims Only.
Unified Health Services	62170	Y	No	Claims		
Uniform Medical Plan	75243		Yes	ERA		
Uniform Medical Plan	75243	N	No	Claims		Please route claims through your local Blue plan.
Union Pacific Railroad Employees Health Systems	87042	Y	No	Claims		
Union Security Insurance Company	00253	Y	No	Eligibility		
Union Security Insurance Company	70408	Y	No	Claims		
Unison Health Plan	25175	Y	No	Claims		Formerly known as Three Rivers Health Plans, Inc.
Unison Health Plan / Better Health Plans	00199	Y	No	Eligibility		
Unison Health Plan / Three Rivers Health Plans	00198	Y	No	Eligibility		
Unison Health Plan/Better Health Plans	62183	Y	No	Claims		
United Food Workers Unions	36659	Y	No	Claims		
United Healthcare	87726	Y	No	Claims		(Former MetraHealth Healthcare Network PPO, New York State Employees (Empire), Travelers Ins. Co., Travelers Plan Administrators).
United Healthcare	87726		Yes	ERA		
United Healthcare - New York	87726		Yes	ERA		
United Healthcare Ovations Insurance Solutions (AARP)	36273	Y	No	Claims		
United Healthcare of River Valley	00335	N	No	Eligibility		
United Healthcare of the River Valley	95378	Y	Yes	Claims		Formely John Deere Health Care/Heritage National Helathpnan. Prior to initial submission, provider must contact Client Services to receive provider id.
United Healthcare of the River Valley	95378		Yes	ERA		
United Medical Resources	31107	Y	No	Claims		
United Medical Resources of Cincinnati	31107		Yes	ERA		
United Physicians of Northern Colorado	84132	Y	No	Claims		
United Resources Network	41194	Y	No	Claims		PO Box 30758
United of Omaha	71412	Y	No	Claims		
UnitedHealthcare	87726	Y	No	Claims		(Former the Travelers, Travelers Health Network (HMO & Care Option, Travelers/CGT PPOm MetraHealth UNET)
UnitedHealthcare	00112	Y	No	Eligibility		
UnitedHealthcare	87726	Y	No	Claims		(Former MetraHealth Care Plans, Met Life, Metropolitan Life Ins Co., MetraHealth Elect., MetraHealth Newtork HMO)
UnitedHealthcare Plans of Puerto Rico	87726	Y	No	Claims		
UnitedHealthcare Plans of Puerto Rico	00112	Y	No	Eligibility		
UnitedHealthcare of Alabama	87726	Y	No	Claims		
UnitedHealthcare of Alabama	00112	Y	No	Eligibility		
UnitedHealthcare of Arizona Inc.	00112	Y	No	Eligibility		
UnitedHealthcare of Arizona, Inc.	87726	Y	No	Claims		
UnitedHealthcare of Arkansas	87726	Y	No	Claims		
UnitedHealthcare of Arkansas	00112	Y	No	Eligibility		
UnitedHealthcare of California Northern California	87726	Y	No	Claims		
UnitedHealthcare of California Southern California	87726	Y	No	Claims		
UnitedHealthcare of California-Northern California	00112	Y	No	Eligibility		
UnitedHealthcare of California-Northern California	00112	Y	No	Eligibility		

Southern California						
UnitedHealthcare of Colorado Inc.	00112	Y	No		Eligibility	
UnitedHealthcare of Colorado, Inc.	87726	Y	No		Claims	
UnitedHealthcare of Florida	87726	Y	No		Claims	
UnitedHealthcare of Florida	00112	Y	No		Eligibility	
UnitedHealthcare of Georgia	00112	Y	No		Eligibility	
UnitedHealthcare of Georgia	87726	Y	No		Claims	
UnitedHealthcare of Illinois	00112	Y	No		Eligibility	
UnitedHealthcare of Illinois	87726	Y	No		Claims	
UnitedHealthcare of Kentucky	00112	Y	No		Eligibility	
UnitedHealthcare of Kentucky, Ltd.	87726	Y	No		Claims	
UnitedHealthcare of Louisiana	87726	Y	No		Claims	
UnitedHealthcare of Louisiana	00112	Y	No		Eligibility	
UnitedHealthcare of Mississippi	87726	Y	No		Claims	
UnitedHealthcare of Mississippi	00112	Y	No		Eligibility	
UnitedHealthcare of New England	00112	Y	No		Eligibility	
UnitedHealthcare of New England	87726	Y	No		Claims	
UnitedHealthcare of New York (includes NY & NJ)	00112	Y	No		Eligibility	
UnitedHealthcare of New York (includes New York and New Jersey)	87726	Y	No		Claims	
UnitedHealthcare of North Carolina Inc.	00112	Y	No		Eligibility	
UnitedHealthcare of North Carolina, Inc.	87726	Y	No		Claims	
UnitedHealthcare of Ohio	87726	Y	No		Claims	
UnitedHealthcare of Ohio	00112	Y	No		Eligibility	
UnitedHealthcare of Tennessee	87726	Y	No		Claims	
UnitedHealthcare of Tennessee	00112	Y	No		Eligibility	
UnitedHealthcare of Texas Dallas	87726	Y	No		Claims	
UnitedHealthcare of Texas Houston	87726	Y	No		Claims	
UnitedHealthcare of Texas - Dallas	00112	Y	No		Eligibility	
UnitedHealthcare of Texas - Houston	00112	Y	No		Eligibility	
UnitedHealthcare of Upstate New York	87726	Y	No		Claims	
UnitedHealthcare of Upstate New York	00112	Y	No		Eligibility	
UnitedHealthcare of Utah	00112	Y	No		Eligibility	
UnitedHealthcare of Utah	87726	Y	No		Claims	
UnitedHealthcare of Virginia	87726	Y	No		Claims	
UnitedHealthcare of Virginia	00112	Y	No		Eligibility	
UnitedHealthcare of Wisconsin	87726	Y	No		Claims	
UnitedHealthcare of the Midlands Choice, Choice Plus, Select, Select plus	87726	Y	No		Claims	
UnitedHealthcare of the Midlands HMO (Choice, Select)	87726	Y	No		Claims	
UnitedHealthcare of the Midlands PPO (Choice Plus, Select Plus, Self Funded)	87726	Y	No		Claims	
UnitedHealthcare of the Midwest Medicare Complete	87726	Y	No		Claims	
Unity Health	66705		Yes		ERA	
Unity Health Insurance	66705	N	No		Claims	All claims must include Unitys 11 digit provider number.
Univera Pre-Paid Hlth Plan of	sx086	N	Yes		Claims	

NY						
Univera Ssa Eny	sx090	N	Yes	Claims		
Univera Ssa Why	sx091	N	Yes	Claims		
Univera-Health Care Plan/Choicecare Buffalo	sx087	N	Yes	Claims		
Univera-Univera Health Southern Tier	sx088	N	Yes	Claims		
Universal Care Tennessee	33002	N	No	Claims		
Universal Care - California	33001	Y	No	Claims		
Universal Care of CA	00354	N	Y	Eligibility		
Universal Health Care Inc	50528	Y	No	Claims		
University Family Care	00353	N	No	Eligibility		
University Family Care	09830	Y	No	Claims		
University Family Care - Healthcare Group	07503	N	No	Claims		
University Family Care-Maricopa	09908	Y	No	Claims		
University Health Plan	22329		Yes	ERA		
University of UT Health Plans	sx155	N	Yes	Claims		
University of Washington Students & Graduate Appts. - Grp# P67	91136	Y	No	Claims		Please include Group Number when submitting claims.
Upper Ohio Valley	hpuoh	N	No	Claims		
Upper Peninsula Health Plan (Medicaid)	38337	Y	No	Claims		
VA BCBS	vabc0		Yes	ERA		
VA Fee Basis Programs	00231	Y	No	Eligibility		
VA Fee Basis Programs	12115		Yes	ERA		
VA Fee Basis Programs	12115	Y	No	Claims		
VA Health Admin Ctr (CHAMPVA/Spina Bifida/Children of Women Vietnam Vets)	00232	Y	No	Eligibility		
VA Medicaid	vamk0		Yes	ERA		
VA Medicare	vamc0		Yes	ERA		
VA Medicare (Institutional)	vamch		Yes	ERA		
VA Premier	vapre		Yes	ERA		
VHP Community Care	23173	Y	No	Claims		
Valley Preferred - PPO Allentown, PA (IHS Gateway Payer)	23253	Y	No	Claims		
Value Options NM	vonm1		Yes	ERA		
Value Options NM	vonm1	N	Yes	Claims		
Vanderbilt	00043	Y	No	Eligibility		
Vanderbilt Health Plan	23173	Y	No	Claims		
Vantage Health Plan, Inc.	72128	Y	No	Claims		
VentureNet Healthcare	86062	Y	No	Claims		
Verity National Group	75256	Y	No	Claims		
Vermont Medicaid	aid30	N	No	Eligibility		
VidaCare (New York, New York)	24818	Y	No	Claims		If group number is available , this informtion should be entered.
Village Family Practice	73743	Y	No	Claims		
Virginia Medicaid	aid23	N	No	Eligibility		
Virginia Premier	vapre	N	Yes	Claims		
Virginia Premier Health Plan	54176	Y	Yes	Claims		For enrollment forms please contact your client advocate.
Vision Care Inc	37297	Y	No	Claims		
Visiting Nurses Service	77073	Y	No	Claims		
Vista Health Plan	25133	Y	No	Claims		A Vista Health Plan assigned provider number must be present on claim.
Viva Health Plan	63114	Y	No	Claims		VIVA Health requires a complete member ID number, including suffix, on all claim submissions.
Vivra Ob/Gyn Metrahealth S.FI	vn032	N	No	Claims		
Volusia Hlth Network	59266	Y	No	Claims		
Vytra Healthcare	22264	Y	No	Claims		
WA Medicaid	wamk0		Yes	ERA		
WA Medicare	wamc0		Yes	ERA		
WA Premera Blue Cross	wabc1	N	Yes	Claims		
WEA Insurance Corp	39151		Yes	ERA		
WEA Insurance Group	39151	Y	No	Claims		

WI BCBS	wibc0		Yes	ERA	
WI Medicaid	wimk0		Yes	ERA	
WI Medicare (Institutional)	wimch		Yes	ERA	
WPP-ElderCare Wisconsin	77080	Y	No	Claims	
WV BCBS	wvbc0		Yes	ERA	
WV Medicaid	wvmk0		Yes	ERA	
WV Medicare	wvmc0		Yes	ERA	
WV Workers Comp	wrkwv	N	No	Claims	
Wabash Memorial Hospital Association	85256	Y	No	Claims	
Washington Labor and Industries	sx063	N	Yes	Claims	
Washington Medicaid	00020	N	No	Eligibility	
Washington Medicaid	aid07	N	No	Eligibility	
Washington State Labor and Industries	Iniwa		Yes	ERA	
Waterstone Benefit Administrators	73155	N	No	Claims	Oklahoma City Oklahoma location
Watkins Assoc. Insurance, Inc.	58082	Y	No	Claims	
Wausau Underwriters Insurance	39026		Yes	ERA	
Web TPA/CHEC	75261		Yes	ERA	
WebTPA./Community Health Electronic Claims/CHEC	75261	Y	No	Claims	
Wellcare	14163		Yes	ERA	
Wellcare HMO, Inc.	14163	Y	No	Claims	Wellcare Provider ID is required. To obtain your Provider ID, please call (800) 960-2530 option 2 then 5.
Wellcare Health Plan, Inc (Encounters only)	59354	Y	No	Encounters	Do not submit fee fro service claims to this payor id.
Wellcare Private Fee for Service Plans	77072	Y	No	Claims	
Wellcare of CT	14164	Y	No	Claims	Wellcare Provider ID is required. To obtain your Provider ID, please call (800) 960-2530 option 2 then 5
Wellcare of Georgia	14163	Y	No	Claims	Wellcare Provider ID is required. To obtain your Provider ID, please call (800) 960-2530 option 2 then 5.
Wellcare of Louisiana	14163	Y	No	Claims	Wellcare Provider ID is required. To obtain your Provider ID, please call (800) 960-2530 option 2 then 5.
Wellcare of New York	14163	Y	No	Claims	Wellcare Provider ID is required. To obtain your Provider ID, please call (800) 960-2530 option 2 then 5.
Wellchoice of NJ	00044	N	No	Eligibility	
Wellpath	00164	Y	No	Eligibility	
Wells Fargo Third Party Administrators Inc	87815		Yes	ERA	
Wells Fargo Third Party Administrators, Inc.	87815	Y	No	Claims	
Wells Fargo Third Party Administrators, Inc. (Formerly JSL Administrators)	37272	Y	No	Claims	Newnan, GA & Fayetteville, NC
Wenatchee Valley Medical Center	wenwa	Y	No	Claims	
Wenatchee Valley Medical Center	wenwa		Yes	ERA	
Wenatchee Valley Medical Center	91064	Y	No	Claims	
West Coast Stationary Engineers Health & Security Trust Fund - Grp# F13	91136	Y	No	Claims	Please include Group Number when submitting claims.
West Virginia Medicaid	aid33	N	No	Eligibility	
Western Grocers	93128	Y	No	Claims	
Western Growers Assurance Trust	24735	Y	No	Claims	
Western Growers Insurance Company	24735	Y	No	Claims	
Western Health Advantage	00356	N	Y	Eligibility	
Western Health Inc	37306	Y	No	Claims	
Western Mutual Ins	37247	Y	No	Claims	
Western Southern Financial Group (Cincinnati, OH)	31048	Y	No	Claims	

Weyco Inc.	38232	Y	No	Claims
William C. Earhart	93050	Y	No	Claims
Windsor Medicare Extra	62153	Y	No	Claims
Wisconsin Auto & Truck Dealers	39200	Y	No	Claims
Wisconsin Medicaid	aid41	N	No	Eligibility
Wisconsin Medicaid Abri	wimk1	N	Yes	Claims
Wisconsin Phy Service Ins Corp	scwio	N	Yes	Claims
Wisconsin Physicians Service Ins. Corp (Commercial only)	sx022	Y	Yes	Claims
Worksite Benefit Srvc Ilc	20333	Y	No	Claims
World Insurance Company	75276	Y	Yes	ERA
World Insurance Company	75276	Y	No	Claims
Writers Guild Industry Health Plan	23710	Y	No	Claims
Writers Guild - Industry Health Plan	00260	Y	No	Eligibility
Wyoming Medicaid	aid34	N	No	Eligibility
Wyoming Medicaid	wymk0		Yes	ERA
Xantus Healthplan of Tennessee	62153	Y	No	Claims
Yavapai County	09829	Y	No	Claims
Young Life	75285	Y	No	Claims
Young Life Colorado Springs	75285	N	No	Claims
Younglife Benefit Plan	75285	N	No	Claims

Only submit claims to this payor id if address is: PO Box 8190 Madison, WI 53708 (537088190). Milwaukee County claims are not to be sent with this payor ID.

Xantus no longer accepts claims that span two different months. Please split these claims. If you have questions please contact client services