

**CLEARCONNECT CLEARINGHOUSE  
PAYER DIRECTORY  
DECEMBER 2009**

DIRECT PAYER NAMES	Payer ID	Professional Status	Institutional Status
AMERICA'S PPO (fka: The ARAZ Group)	95841	X	X
BLUE CROSS MINNESOTA	00220		X
BLUE SHIELD MINNESOTA	00720	X	
DECARE DENTAL (fka DELTA DENTAL PLAN OF MINNESOTA) ANSI 837D	07000		
GROUP HEALTH COOPERATIVE	95192	X	X
HEALTHPARTNERS	07003	X	X
METROPOLITAN HEALTH PLAN (MHP)	07033		X
METROPOLITAN HEALTH PLAN (MHP)	52627	X	
MINNESOTA DHS/MEDICAID	DPWMN	X	X
MINNESOTA MEDICARE PART A - NORIDIAN	00320		X
MINNESOTA MEDICARE PART B - WPS	00954	X	
NORTHSTAR ADVANTAGE (MHP Claims Services)	07036		X
NORTHSTAR ADVANTAGE (MHP Claims Services)	07037	X	
PREFERREDONE	07006	X	X
UCARE	52629	X	X
<b>OTHER COMMERCIAL PAYERS</b>			
<b>NOTE: Payer names in 'bold' are new adds or changes.</b>			
1199 NATIONAL BENEFIT FUND	13162	X	X
A & I BENEFIT PLAN ADMINISTRATORS	93044	X	X
ABC HEALTH PLAN	48185	X	X
ABRAZO ADVANTAGE HEALTHPLAN	03443	X	
ACCESS ADMINISTRATORS	AHS01	X	X
ACCLAIM	64071	X	X
ACCORDIA NATIONAL Only one rendering provider per claim - must be in the 2310B Loop.	87815	X	X
ACCOUNTABLE HEALTHPLAN - WISC	81400	X	
ACS CONSULTING SERVICES INC	72467	X	
ACTIVA BENEFIT SERVICES, LLC	38254	X	X
ADMINISTRATIVE CONCEPTS INC	22384	X	X
ADMINISTRATIVE SYSTEMS RESEARCH CORPORATION - ASR	38265	X	X
ADMINONE	37278	X	X
ADVANCED DATA SOLUTIONS, INC	58202	X	X
ADVANTAGE BY BRIDGEWAY HEALTH SOLUTIONS	68056	X	X
ADVANTAGE HEALTH SOLUTIONS	35209	X	X
<b>ADVANTRA FREEDOM was 25152</b>	<b>25133</b>	<b>X</b>	<b>X</b>
<b>ADVANTRA/HLTH AMERICA INC was 25126</b>	<b>25133</b>	<b>X</b>	<b>X</b>
ADVENTIST HEALTH SYSTEM WEST - ROSEVILLE, CA	95340	X	X
ADVOCATE HEALTH CENTERS Required data elements needed for submission. Please contact Advocate Health Partners Operations' Debbie Motz at 847-699-4377 or Tony Hani at 847-699-4368 for more info.	36320	X	X
ADVOCATE PHYSICIAN PARTNERS Claim office number (from patient's ID card) required in 2010BC Loop - REF02 = FY qualifier.	65093	X	X
<b>AETNA AFFORDABLE HEALTH CHOICES (SM) SRC was 57604</b>	<b>60054</b>	<b>X</b>	<b>X</b>
AETNA BETTER HEALTH CONNECTICUT MEDICAID	23225	X	X
AETNA INSURANCE COMPANY	60054	X	X
AETNA TX MEDICAID & CHIP Receiver Type 'D'	38692	X	X
AFFINITY HEALTH PLAN	13334	X	
AFL-CIO FOOD & BEVERAGE DEALER'S	34444	X	X
AFTRA HEALTH FUND	13346	X	X
AGENCY SERVICES INC	64158	X	X
ALAMEDA ALLIANCE FOR HEALTH	95327	X	
ALASKA CHILDREN'S SERVICES, INC (Group number required.)	91136	X	X
ALASKA LABORERS CONSTRUCTION INDUSTRY (Group number required.)	91136	X	X
ALASKA PIPE TRADERS LOCAL 375 (Group number required.)	91136	X	X

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ALASKA UNITED FOOD & COMMERCIAL WORKERS HEALTH & WELFARE (Group number required.)	91136	X	X
ALICARE	13550	X	X
ALLEGIANCE BENEFIT PLAN MANAGEMENT INC	81040	X	X
ALLIANCE - ALPHA CARE GOLD	ADSL1	X	X
ALLIANCE HEALTHPLANS OF WISCONSIN	88461	X	X
ALLIANCE PPO, INC.	52149	X	
ALLIANCE SELECT	81400	X	
ALLIANT HEALTH PLANS (GEORGIA)	58234	X	X
ALLIED ADMINISTRATORS (S.F. CA)	94177	X	X
ALLIED BENEFITS SYSTEMS	37308	X	X
ALPHA DATA SYSTEMS	75261	X	X
<b>ALTA HEALTH STRATEGIES was 87043</b>	<b>25133</b>	<b>X</b>	<b>X</b>
AMA INSURANCE AGENCY	AMAIA	X	X
AMALGAMATED LIFE	13550	X	X
AMERIBEN SOLUTIONS, INC	75137	X	X
AMERICAN ADMINISTRATIVE GROUP - AAG	37283	X	X
AMERICAN ADMINISTRATIVE GROUP - AAG	75185	X	X
AMERICAN BENEFIT PLAN ADMINISTRATORS	95170	X	X
AMERICAN BENEFITS MANAGEMENT (NORTH CANTON, OH) Payer ID valid only for claims with a submission address of PO Box 35008, North Canton, OH 44375	34187	X	X
AMERICAN CHIROPRACTIC NETWORK	ACN01	X	
AMERICAN CHIROPRACTIC NETWORK (PAN)	41161	X	
AMERICAN CHIROPRACTIC NETWORK IPA OF NY	41160	X	
AMERICAN COMMERCIAL BARGE LINES	87726	X	X
AMERICAN COMMUNITY MUTUAL INSURANCE	60305	X	X
AMERICAN FAMILY INSURANCE COMPANY For detailed submission instructions and to avoid claim processing delays, please visit the following site prior to claim submission to AMF <a href="http://www.amfam.com/payor/">http://www.amfam.com/payor/</a> .	AMF11	X	X
AMERICAN FOUNDERS LIFE INSURANCE CO.	98205	X	
AMERICAN GENERAL	62030	X	X
AMERICAN HEALTHCARE ALLIANCE	01066	X	X
AMERICAN IMAGING MANAGEMENT	36369	X	X
AMERICAN INSURANCE COMPANY OF TEXAS	81949	X	
AMERICAN LIFECARE	72099	X	X
AMERICAN MEDICAL SECURITY NPI required in all loops, EIN or SSN required in 2310A and/or 2310B loop.	81400	X	X
<b>AMERICAN NATIONAL INSURANCE CO was 74048</b>	<b>60739</b>	<b>X</b>	<b>X</b>
AMERICAN POSTAL WORKERS UNION	44444	X	X
AMERICAN REPUBLIC INSURANCE	42011	X	X
AMERICAN WORKER HEALTH PLUS	37322	X	X
AMERICA'S CHOICE HEALTHPLANS/NMA	20029	X	X
AMERICHoice OF NEW JERSEY (MEDICAID NJ)	86047	X	X
AMERICHoice OF NEW JERSEY PERSONAL CARE PLUS (MEDICARE) All claims submitted require your Americhoice assigned Provider ID number. Please call 888-362-3368 for your Provider ID number.	86001	X	X
AMERICHoice OF NEW YORK (MEDICAID NY) All claims submitted require your Americhoice assigned Provider ID number. Please call 888-362-3368 for your Provider ID number.	86048	X	X
AMERICHoice OF NEW YORK PERSONAL CARE PLUS (MEDICARE) All claims submitted require your Americhoice assigned Provider ID number. Please call 888-362-3368 for your Provider ID number.	86002	X	X
AMERICHoice OF PENNSYLVANIA MEDICAID/CHIP AmeriChoice assigned Provider ID Number required.	86409	X	X
AMERICHoice PERSONAL CARE PLUS (MEDICARE) All claims submitted require your Americhoice assigned Provider ID number. Please call 888-362-3368 for your Provider ID number.	86003	X	X
AMERIGROUP COMMUNITY CARE NEVADA	26375	X	X

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AMERIGROUP DISTRICT OF COLUMBIA	26378	X	X
AMERIGROUP FLORIDA	26378	X	X
AMERIGROUP GEORGIA	26378	X	X
AMERIGROUP ILLINOIS	26378	X	X
AMERIGROUP MARYLAND	26378	X	X
AMERIGROUP NEW JERSEY	26378	X	X
AMERIGROUP OHIO	26378	X	X
AMERIGROUP VIRGINIA	26378	X	X
AMERIGROUP/AMERICAID For providers located in Austin, Dallas & Ft Worth	26375	X	X
AMERIGROUP/AMERICAID - HOUSTON	26374	X	X
AMERIGROUP/AMERICAID - (NEW MEXICO)	26375	X	X
AMERIHEALTH ADMINISTRATORS	54763	X	X
AMERIHEALTH HMO NEW JERSEY AND DELAWARE	23037	X	
AMERIHEALTH MERCY HEALTH PLAN Contact AmeriHealth (800)-521-6007 to enroll in EDI	22248	X	
ANCHOR BENEFIT CONSULTING INC	53085	X	X
ANCILLARY BENEFIT SYSTEMS/AZ FOUNDATION FOR MEDICAL CARE	86062	X	X
APEX BENEFIT SERVICES	34196	X	
APS HEALTHCARE INC	54160	X	X
ARCADIAN MANAGEMENT SYSTEMS	AMS11	X	
ARCADIAN MGMT SERVICES	77045	X	X
ARIZONA FOUNDATION FOR MEDICAL CARE	AZFMC	X	
ARIZONA PHYSICIANS IPA	03432	X	
ARKANSAS BEST CORPORATION - CHOICE BENEFITS	75278	X	X
ARNETT HEALTH PLANS Payer requires unique Provider ID for billing, rendering or referring provider fields. Please call 765-448-7483 for additional information prior to first claims submission.	95440	X	X
ASRM CORP (NJ)	ASRM1	X	X
ASSOCIATED THIRD PARTY ADMINISTRATION	ATPA1	X	
ASSOCIATES FOR HEALTH CARE, INC	36326	X	X
ASSOCIATION SERVICES OF WASHINGTON	37294	X	X
ASSURANT HEALTH	39065	X	X
ASSURED BENEFITS ADMINISTRATORS	74240	X	
ASURIS NORTHWEST HEALTH Receiver Type 'G'	93221	X	X
ATHENS AREA HEALTH PLAN	95691	X	X
ATLANTIS HEALTH PLAN	13853	X	
ATLAS LIFE INSURANCE COMPANY	90956	X	
AUSTIN REGIONAL CLINIC EMPLOYEE BENEFIT PLAN	CMSEB	X	X
AUTOMATED BENEFIT SERVICES (ABS)	38259	X	X
AUTOMATED GROUP ADMINISTRATION, INC	37280	X	X
AUTOMOTIVE MACHINISTS LOCAL 289 HEALTH & WELFARE FUND (Please include group number when submitting claims.)	91136	X	X
AVERA HEALTH	46045	X	X
AVMED INC Patient ID must be in 2010BA/NM109. However when patient is different from the insured, patient ID field must be blank.	59274	X	X
BANKERS UNITED LIFE (STUDENT DIV)	74227	X	X
BANNER HEALTH PLAN	SX145	X	
BCI ADMINISTRATORS INC	49153	X	X
BEACON HEALTH STRATEGIES	43324	X	X
BEECH STREET CORPORATION Must send rendering provider info in 2310D using either qualifier 77 or FA	95377	X	X
BELL ATLANTIC	60054	X	X
BENEFIT ADMINISTRATIVE SYSTEMS	36149	X	X
BENEFIT CONCEPTS	51037	X	X
BENEFIT COORDINATORS CORPORATION (PITTSBURGH, PA)	25145	X	X
BENEFIT MANAGEMENT ADMIN (SAN ANTONIO)	BMATP	X	X

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BENEFIT MANAGEMENT SYSTEMS, INC	37212	X	X
<b>BENEFIT PLAN (CNA)</b>	<b>52133</b>	<b>X</b>	<b>X</b>
BENEFIT PLAN ADMIN OF ST LOUIS	13310	X	X
BENEFIT PLAN ADMINISTRATORS (ROANOKE, VA)	37118	X	X
BENEFIT PLAN ADMINISTRATORS, CO (EAU CLAIRE, WI) Payer ID valid only for claims with a billing submission address of PO Box 1128, Eau Claire, WI 54702-1128	39081	X	X
BENEFIT PLAN ADMINISTRATORS, INC (FARGO, NORTH DAKOTA)	37286	X	X
BENEFIT PLANNERS, INC.	74223	X	X
BENEFIT SYSTEMS & SERVICES, INC (BSSI)	36342	X	X
BENEFIT TRUST LIFE (Group number required.)	61425	X	X
BENESIGHT (THE TPA)	87265	X	X
BENESYS INC (LAFAYETTE, LA)	37248	X	X
BEST LIFE & HEALTH INSURANCE CO	95604	X	X
BETTER HEALTH PLANS INC	62183	X	X
<b>BIENVIVIR SENIOR HEALTH PLAN</b>	<b>BSHS1</b>	<b>X</b>	<b>X</b>
BIG LOTS ASSOCIATES BENEFIT PLANS	CX025	X	X
BLUE BELL BENEFITS TRUST	ECIBB	X	X
BLUE BONNET ADMINISTRATORS	37244		X
BLUEGRASS FAMILY HEALTH	61124	X	X
BOILERMAKERS NAT'L HEALTH & WELFARE	36609	X	X
BOLLINGER INC Group # Required. Policyholder claim form required for most groups.	BOLL1	X	X
<b>BOON-CHAPMAN BENEFIT ADMINISTRATORS</b> <b>Payer does not accept dental claims electronically.</b>	<b>74238</b>	<b>X</b>	
BOSTON MEDICAL CENTER HEALTH PLAN	13337	X	X
BPS, INC	13310	X	X
BRIDGE BENEFITS	38365	X	X
BRIDGEWAY ARIZONA Prior to submitting claims, please contact your Health Plan Provider Relations Department to verify your provider information is on file in the Health Plans claim system. This will prevent claim rejections and allow payments to be made in a timely manner. Provider Relations may be reached at 866-475-3129.	68054	X	X
BROKERAGE CONCEPTS	51037	X	X
BROWN & TOLAND MEDICAL SERVICES	94316	X	X
BRYAN INDEPENDENT SCHOOL DISTRICT (was BRISD) Please ensure that the group number is included in Loop 2000B/SBR03 and the appropriate BISD subscriber ID is used.	84980	X	X
BUCKEYE COMMUNITY HEALTH PLAN Prior to submitting claims, please contact your Health Plan Provider Relations Department to verify your provider information is on file in the Health Plans claim system. This will prevent claim rejections and allow payments to be made in a timely manner. Provider Relations may be reached at 866-296-8731 or by visiting www.bchpohio.com.	32004	X	X
BUTLER BENEFITS	42150	X	X
C & O EMPLOYEES HOSPITAL ASSOCIATION	23708	X	
<b>CAC (CLAIMS ADMINISTRATION CORP)</b>	<b>52133</b>	<b>X</b>	<b>X</b>
CL FRATES AND COMPANY	CLFR2	X	X
CANNON COCHRAN MANAGEMENT SERVICES, INC	37105	X	X
CAPE HEALTH PLAN Please call 850-383-3333 to enroll with Payer. Payer serves employer groups and Medicare members who live and work in the Florida counties of Leon, Gadsden, Jefferson and Wakulla.	38425	X	X
CAPITAL BLUE CROSS/CAIC	23045	X	
CAPITAL HEALTH PLAN	95112	X	X
CAPITAL INTERNATIONAL MANAGEMENT SERVICES	65067	X	
CAPITOL ADMINISTRATORS	68011	X	X
CARDIOVASCULAR CARE PROVIDERS INC (CVCP)	GCVCP	X	

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CARE 1ST HEALTH PLAN OF ARIZONA	57116	X	X
CARE IMPROVEMENT PLUS	77082	X	X
CARECHOICES MICHIGAN - MERCY HEALTHPLANS	38269	X	
<b>CARELINK ADVANTRA was 25139</b>	<b>25139</b>	<b>X</b>	<b>X</b>
<b>CARELINK HEALTH PLAN was 25139</b>	<b>25139</b>	<b>X</b>	<b>X</b>
CAREOREGON	93975	X	X
CAREPLUS	95092	X	X
CAREPLUS (ENCOUNTERS)	95093	X	
CARESOURCE HEALTH PLAN OF OREGON	MRCHP	X	X
CARESOURCE OF OHIO	31114	X	
CARITEN HEALTHCARE	62073	X	X
CARITEN SENIOR HEALTH	62072	X	X
CAROLINA CARE PLAN, INC	57105	X	X
CAROLINA BEHAVIORAL HEALTH ALLIANCE	56215	X	X
CAROLINA SUMMIT HEALTHCARE, INC	56195	X	X
CARPENTERS HEALTH AND WELFARE TRUST FUND OF ST LOUIS	25125	X	X
CATERPILLAR	37060	X	X
CBCA ADMINISTRATORS	55438	X	X
CCEA	88019	X	
CCMSI WORKER COMP	WK010	X	X
CCN	73159	X	X
CDS GROUP HEALTH	88022	X	X
CEDARS-SINAI MEDICAL NETWORK SERVICES (CLAIMS)	95166	X	
CEDARS-SINAI MEDICAL NETWORK SERVICES (ENCOUNTERS)	95167	X	
CEMENT MASON & PLASTERERS HEALTH AND WELFARE TRUST Group # required	91136	X	X
CENPATICO BEHAVIORAL HEALTH FLORIDA	68058	X	X
CENPATICO BEHAVIORAL HEALTH GEORGIA Please contact the payer at 800-225-2573, x25525 or via email at ediba@centene.com prior to submitting claims electronically.	68050	X	X
CENTER CARE (FOR MERITAIN CLAIMS)	MER04	X	X
CENTER CARE (FOR UNDERWRITERS SAFETY & CLAIMS) Insured group or policy number must be present.	USC02	X	X
CENTRAL BENEFITS LIFE	31118	X	X
CENTRAL MASSACHUSETTS HEALTH CARE	02041	X	X
CENTRAL RESERVE LIFE	34097	X	X
CENTRAL STATES HEALTH & WELFARE FUND	36215	X	X
CHA - COMMONWEALTH HEALTH ALLIANCE	23171	X	X
CHAMP VA - HAC	84146	X	X
CHATWINS HEALTHCARE ADMINISTRATORS	CHAT1	X	X
CHAUTAUQUA COUNTY HEALTHCARE PLAN	16600	X	X
CHEC - A SUBSIDIARY OF SPRINT	75261	X	X
CHESAPEAKE LIFE INSURANCE	59223	X	X
CHESTERFIELD RESOURCES	34154	X	X
CHICAGO LABORER'S HEALTH AND WELFARE IL	CLW99	X	
<b>CHIROPRACTIC ASSOCIATION OF SD - DAKOTACARE</b>	<b>CASD1</b>	<b>X</b>	
<b>CHIROPRACTIC ASSOCIATION OF SD - SANFORD HEALTH PLAN</b>	<b>CASD2</b>	<b>X</b>	
CHIROPRACTIC CARE OF MINNESOTA INC	ACN01	X	
CHOICE PLUS (TRW)	60054	X	X
CHRISTIAN BROTHERS SERVICES	61271	X	X
CHRISTUS SPOHN NETWORK TX	SPOHN	X	X
CIGNA	62308	X	X
CIGNA BEHAVIORAL HEALTH	02331	X	
CIGNA FLEX CARE (NEW MEXICO ONLY)	95266	X	X
CIGNA SENIOR HEALTH PLAN	86033	X	X
CITRUS HEALTH	10207	X	
CITY OF AMARILLO	COA01	X	X
CITY OF SAN ANTONIO	TTCEC	X	X
CITY OF WICHITA FALLS	37251	X	X
CLEARCHOICE HEALTH PLAN/COIHS	77201	X	

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<b>CNA MAILHANDLERS</b>	<b>52133</b>	<b>X</b>	<b>X</b>
COAST HOTELS & CASINO, INC/DBA COAST BENEFITS	37310	X	
COLORADO ACCESS HMO	COACC	X	
COLORADO KAISER PERMANENTE	COKSR	X	
COLORADO KAISER PERMANENTE (COLORADO SPRINGS ONLY)	KSRCS	X	
COLUMBIA UNITED PROVIDERS	91162	X	
COMMERCE BENEFITS GROUP	34181	X	X
COMMONWEALTH ADMINISTRATORS	37237	X	X
COMMUNITY CARE BHO	23282	X	X
COMMUNITY CARE MANAGED HEALTH CARE	73143	X	X
COMMUNITY CARE ORGANIZATION	39126	X	X
COMMUNITY CARE PLUS	71079	X	X
COMMUNITY CHOICE OF MICHIGAN	38325	X	
COMMUNITY FIRST All lines of business	COMMF	X	X
COMMUNITY HEALTH ALLIANCE	35193	X	
COMMUNITY HEALTH CHOICE Please include TPI Number (Texas Medicaid Number)	48145	X	X
COMMUNITY HEALTH ELEC. CLEARINGHOUSE (CHEC)	75261	X	X
COMMUNITY HEALTH NETWORK OF CT Payer cannot accept electronic claims for Anesthesia. If you have questions on how to submit these claims, please contact LeAnn Olson, Director of Claims 203-237-4000, x3136.	62149	X	X
COMMUNITY HEALTH PLAN	90010	X	X
COMMUNITY HEALTH PLAN	90010	X	X
COMMUNITY HEALTH PLAN OF WASHINGTON	CHPWA	X	X
COMMUNITY PREMIER PLUS	32481	X	X
COMP - OHIO (AUSTINTOWN, OH)	34177	X	X
COMPLEMENTARY HEALTHCARE PLANS	93101	X	X
COMPREHENSIVE BEHAVIORAL CARE	59314	X	X
COMPREHENSIVE BENEFITS ADMINISTRATOR, INC.	03036	X	X
COMPUSYS OF COLORADO	COMPU	X	
CONFED ADMIN SERVICES, INC. (CASI)	80667	X	X
CONNECTICARE	06105	X	X
CONNECTICUT GENERAL - MEDICAL CLAIMS	62308	X	X
CONNECTICUT GENERAL - MENTAL HEALTH CLAIMS For claims with a mailing address in Eden Prairie, MN, EDI enrollment required - call carrier.	02331	X	
CONSOCIATE GROUP (DECATUR, IL)	37135	X	X
CONSOLIDATED ASSOCIATES RAILROAD	75284	X	X
CONSOLIDATED GROUP/HPS	04274	X	
CONTINENTAL GENERAL	71404	X	X
COOK CHILDRENS HEALTH PLAN	CCHP1	X	X
COOK CHILDRENS STAR PLAN Receiver Type 'D'	CCHP9	X	
COOPERATIVE BENEFIT ADMINISTRATOR	52132	X	X
CORE MANAGEMENT RESOURCES GP	58231	X	
CORESOURCE OF AZ & MN	41045	X	X
CORESOURCE OF MD, PA, IL	35182	X	X
CORESOURCE OF NORTH CAROLINA	35180	X	X
CORESOURCE OF OHIO	35183	X	X
CORESOURCE LITTLE ROCK Only for claims where the submit claims to address on the medical ID card is a Couresource address in Little Rock, Arkansas	75136	X	X
CORESTAR	41045	X	
CORNERSTONE BENEFIT ADMINISTRATORS	35202	X	X
CORPORATE BENEFIT SERVICE , INC (NC) Payer ID valid only for claims submission address of PO Box 12953, Charlotte, NC 28220	56116	X	

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CORPORATE BENEFIT SRVC OF AMERICA	41124	X	X
CORRECTIONAL MEDICAL SERVICES	43160	X	
CORSOLUTIONS	48146	X	
COUNTRY LIFE INSURANCE COMPANY	62553	X	X
COVENANT ADMINISTRATORS, INC. (ATLANTA, GA)	58102	X	X
COVENANT MGMT SYSTEMS EMPLOYEE BENEFIT PLAN	CMSEB	X	X
COVENTRY HEALTH & LIFE (OKLAHOMA)	25133	X	X
COVENTRY HEALTH CARE IOWA	25132	X	X
COVENTRY HEALTH CARE KANSAS	25133	X	
<b>COVENTRY HEALTH CARE NEBRASKA was 25136</b>	<b>25133</b>	<b>X</b>	<b>X</b>
<b>COVENTRY HEALTH CARE OF DELAWARE was 25130</b>	<b>25133</b>	<b>X</b>	<b>X</b>
<b>COVENTRY HEALTH CARE OF GEORGIA was 25127</b>	<b>25133</b>	<b>X</b>	<b>X</b>
<b>COVENTRY HEALTH CARE OF THE CAROLINAS was 25129</b> <b>Carolina HMO providers only.</b>	<b>25133</b>	<b>X</b>	<b>X</b>
<b>COVENTRY HEALTH LOUISIANA was 25135</b>	<b>25133</b>	<b>X</b>	<b>X</b>
CREATIVE MEDICAL SYSTEMS	64068	X	X
<b>CREATIVE PLAN ADMINISTRATORS</b>	<b>37320</b>	<b>X</b>	<b>X</b>
CUSTOM BENEFIT ADMINISTRATORS (LACROSS, WI)	39170	X	X
CUSTOMCARE (PRUDENTIAL)	60054	X	X
DAKOTACARE (SD)	DAK01	X	X
DART MANAGEMENT CORP/DART CONTAINER CORP Please call Vicky Hanson at 800-248-0457, x2311 to enroll prior to submission. Payer ID changed from DARTC.	06172	X	X
DC CHARTERED HEALTH PLAN Contact Jason Dowling at 202-408-2013 prior to submission to enroll.	95748	X	
DEFINITY SERVICES Payer ID changed from 64159	87726	X	X
DELAWARE HEALTH PLAN CONSORTIUM DE	63081	X	X
DELAWARE PHYSICIANS CARE INC	27009	X	X
DELTA HEALTH SYSTEMS	DHS01	X	
DENVER HEALTH MEDICAL PLAN	84135	X	X
DESTINY HEALTH PLAN	36436	X	X
DETROIT MEDICAL CENTER	56240	X	X
DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN	23706	X	X
DIVERSIFIED ADMINISTRATION	06102	X	
DIVERSIFIED GROUP ADMIN	25160	X	X
DRISCOLL CHILDRENS HEALTH PLAN (CHIP) TX	74284	X	X
DUNN AND ASSOCIATES BENEFITS ADMINISTRATORS	35186	X	X
EAGLE CREEK MEDICAL PLAZA	61101	X	X
EARLY INTERVENTION CENTRAL BILLING	36434	X	
EATON BENEFITS, OH	62308	X	X
EBA - CITY OF SAN ANTONIO	TTCEC	X	
EDS ADMIN SERVICES	22521	X	X
EL PASO FIRST - CHIP TX Please contact Provider Relations @ 915-532-3778, x1068 to enroll	EPF03	X	X
ELDER HEALTH TEXAS	52192	X	X
ELDERPLAN	31625	X	X
ELLIS CONSULTANTS INC	ECISF	X	X
ELMCARE LLC	NAELM	X	X
ELMCO	37253	X	X
EMERALD HEALTH NETWORK INC	34167	X	X
EMI - KP AMBULANCE CLAIMS	59299	X	
EMORYCARE (PRUDENTIAL)	60054	X	X
EMPHESSYS	61101	X	X
EMPLOYEE BENEFIT ADMIN & MGMT	95288	X	
EMPLOYEE BENEFIT CONCEPTS, INC.	38241	X	X
EMPLOYEE BENEFIT MANAGEMENT CORP.	CX025	X	X
EMPLOYEE BENEFIT MANAGEMENT (EBMC)	31074	X	X
EMPLOYEE BENEFIT MANAGEMENT SYSTEM (EBMS)	81039	X	X
EMPLOYEE BENEFIT SERVICES (EBS) OF SAN ANTONIO	EBSSA	X	

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EMPLOYEE BENEFIT SERVICES (SOUTH CAROLINA) Payer Address: 534 Rivercrossing Drive, Ft Mills, SC 29715	37216	X	X
EMPLOYEE SERVICES OF LOUISIANA (A DIVISION OF HARRINGTON BENEFIT SVCS) LOUISIANA ONLY	41198	X	
EMPLOYEE BENEFITS PLAN ADMIN (E.B.P.A.)	03036	X	X
EMPLOYEE CLAIM ADJUDICATION SVCS	75184	X	X
EMPLOYEE PLANS, LLC	35112	X	X
EMPLOYEE SECURITY, INC.	54098	X	X
EMPLOYER PLAN SERVICES	74212	X	X
EMPLOYERS COALITION ON HEALTH (ECOH) EDI Trading Partner accepts a maximum of 12 line charges	27008	X	
EMPLOYERS DIRECT HEALTH (formerly First Integrated Health)	75232	X	X
EMPLOYERS DIRECT HEALTH (EMPLOYEE PLAN)	75236	X	X
EMPLOYERS DIRECT HEALTH (FULLY INSURED)	75235	X	X
EMPLOYERS DIRECT HEALTH (SELF FUNDED PLAN)	75233	X	X
EMPLOYERS HEALTH COOPERATIVE (EHC) EDI Trading Partner accepts a maximum of 6 line charges.	MIDSC	X	
<b>EMPLOYERS HEALTH NETWORK</b>	<b>20508</b>	<b>X</b>	<b>X</b>
EMPLOYERS INS. OF WAUSAU	39026	X	X
EMPLOYERS MUTUAL, INC. (FL)	59298	X	X
ENCOMPASS	37110	X	X
ENCORE HEALTH NETWORK	35206	X	
ENH MEDICAL GROUP IPA	36364	X	X
ENSTAR NATURAL GAS G#P61 Group Number Required	91136	X	X
ENTRUST	36878	X	X
EQUICOR/EQUITABLE	62308	X	X
EQUICOR-PPO	62308	X	X
EQUIFAX / HEALTHCARE ADMIN (EHAS)	75196	X	X
EQUITABLE PLAN SERVICES	73126	X	X
ERIN GROUP ADMINISTRATORS	23250	X	X
ERISA	74234	X	
ESSENCE HEALTHCARE	20818	X	X
EVERGREEN HEALTH PLAN	58233	X	X
EVOLUTIONS HEALTHCARE SYSTEMS	59313	X	X
EXCLUSIVECARE	71412	X	X
EYE SPECIALISTS OF ARIZONA	75138	X	X
FACS GROUP	37300	X	X
FAMILY HEALTH PARTNERS - KANSAS	31472	X	X
FAMILY HEALTH PARTNERS - MISSOURI	43173	X	X
FAMILY MEDICAL NETWORK	36396	X	X
FARA BENEFIT SERVICES	37289	X	X
FARM FAMILY	14140	X	X
FBMC	59069	X	X
FCE BENEFIT ADMINISTRATORS	33033	X	X
FEDERAL EMPLOYEE PROGRAM (TX FEP)	84980	X	X
FEDERATED MUTUAL	41041	X	X
FIDELIS CARE NEW YORK	11315	X	
FIDELIS SECURE CARE	77054	X	X
FIRST ADMINISTRATORS INC	FAMR1	X	X
FIRST CAROLINA CARE	56196	X	X
FIRST CHOICE (CT) Provider ID required by payer.	14163	X	X
FIRST CHOICE HEALTH NETWORK	91131	X	X
FIRST CHOICE OF MIDWEST (PPO)	75138	X	X
FIRST GREAT WEST LIFE & ANNUITY INS CO	80705	X	X
FIRST HEALTH	87043	X	X
FIRST INTEGRATED HEALTH	75232	X	X
FIRST PRIORITY HEALTH	23241	X	

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FIRSTCARE (Prov ID reqd (2310B REF02) Must be 9 numerics. To obtain, call 800-365-1051 - Susan, X6456.)	94999	X	X
FIRSTCARE 'STAR' MEDICAID Prov ID reqd (2310B REF02) Must be: 9 numerics. To obtain, call 800-365-1051 (Susan at x6456)	94998	X	X
FIRSTGUARD HEALTH PLAN - KANSAS Please contact Karen Joslin at 816-922-7225 to verify Firstguard Provider ID. Payer requires Insured ID of 8 to 11 numerics. Insured ID should be included in Loop 2010BA/NM109.	90060	X	X
FIRSTGUARD HEALTH PLAN - MISSOURI	90061	X	X
FISERV HEALTH - KANSAS/TENNESSEE	62061	X	X
FISERV HEALTH - WAUSAU BENEFITS/BENESIGHT	39026	X	X
FITZHARRIS & COMPANY INC (FARMINGDALE, NY) Payer ID valid only for claims with a submission address of PO Box 9182, Farmingdale, NY 11735	11244	X	
FLEXCARE	60054	X	X
FLORIDA 1ST	59276	X	X
FLORIDA HEALTH CHOICE - WISCONSIN ONLY	81400	X	
FLORIDA HEALTH CHOICE/SELECT - WISCONSIN	81400	X	
FLORIDA HOSPITAL HEALTHCARE SYSTEMS	59321	X	X
FLORIDA HOSPITAL WATERMAN	48116	X	X
FLORIDA POWER & LIGHT (PRUDENTIAL)	60054	X	X
FMH BENEFIT SERVICES, INC	48117	X	X
FORTIS BENEFITS INSURANCE COMPANY	70408	X	X
FORTIS INSURANCE COMPANY	39065	X	X
FOUNDATION HEALTH PLAN (SUNRISE, FL)	FH001	X	
FOUNDATION HEALTH HMO	FH002	X	
FOUNDATION HEALTH PLAN (SUNRISE, FL)	55248	X	X
FOX VALLEY MEDICINE SITE 199	FVMCH	X	
FOX VALLEY MEDICINE SITE 451	FVMC1	X	
FOX-EVERETT - INGALLS SHIP BUILDING	64067	X	X
FOX-EVERETT, INC	64069	X	X
FREEDOM LIFE INSURANCE COMPANY OF AMERICA	62324	X	
FRESENIUS MEDICAL CARE HEALTH PLAN	FMCHP	X	X
FRINGE BENEFIT COORDINATORS	59204	X	X
FRONTPATH	34171	X	X
GALVESTON COUNTY INDIGENT HEALTH	30005	X	X
GATEWAY HEALTH PLAN	25169	X	X
GE GROUP LIFE ASSURANCE COMPANY	67815	X	X
GEHA MENTAL HEALTH CLAIMS Call (800)557-5745 for claim submission questions	87726	X	X
GEISINGER HEALTH PLAN Prior enrollment required. Contact Geisinger Health Plan 888-281-5338, option 3, to obtain an enrollment form or download a PDF enrollment form at <a href="http://www.thehealthplan.com">www.thehealthplan.com</a> .	75273	X	X
GENERAL AMERICAN LIFE INS CO	63665	X	X
GENERATIONS HEALTHCARE	GHEDI	X	X
GEORGE WASHINGTON HEALTH PLAN	52098		X
GETTYSBURG HEALTH	23212	X	X
GHI HMO SELECT	25531	X	X
<b>GHP (GROUP HEALTH PLAN) was 25141</b>	<b>25133</b>	<b>X</b>	<b>X</b>
GIC INDEMNITY PLAN	80314		X
GILSBAR	07205	X	X
GLASSWORKERS HLTH & WELFARE	91136	X	X
GLOBAL CARE INC	07689	X	X
GLOBALHEALTH GENERATIONS	GHEDI	X	X
GM SOUTHWEST	75246	X	X
GOLDEN RULE	37602	X	X
GOLDEN TRIANGLE PHYSICIAN ALLIANCE	GTPA1	X	X

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GOVERNMENT EMPLOYEES HOSP ASSOC	44054	X	X
GRADY HEALTHCARE	58204	X	X
GRANT PHYSICIANS PRACTICE ASSOCIATION	37234	X	X
GREAT LAKES HEALTH PLAN	95467	X	X
GREAT-WEST LIFE & ANNUITY INS CO	80705	X	X
GROUP & PENSION ADMINISTRATORS	48143	X	
GROUP ADMINISTRATORS	36338	X	X
GROUP HEALTH MANAGERS	38194	X	X
GROUP INSURANCE SERVICE CENTER INC	37276	X	X
GROUP PRACTICE AFFILIATES	68046	X	X
GUARDIAN, THE	64246	X	X
GUNDERSON LUTHERAN HEALTH PLAN INC	39180	X	X
H.E.R.E.I.U. WELFARE PENSION FUNDS	23172	X	X
H.E.R.E.I.U. WELFARE PENSION FUNDS	37114	X	X
HARMONY HEALTH PLAN OF ILLINOIS (was 36406)	14163	X	X
HARMONY HEALTH PLAN OF INDIANA (was 36405)	14163	X	X
HARRINGTON BENEFIT SERVICES	75196	X	X
HARRINGTON BENEFIT SERVICES	95266	X	X
HAWAII MANAGEMENT ALLIANCE ASSOCIATION (HMAA)	48330	X	X
HCH ADMINISTRATION - PEORIA	37111	X	X
HCHA ALBQ - SELF FUNDED	37329	X	X
HCS - HEALTH CLAIMS SERVICE	82018	X	X
HDM BENEFIT SOLUTIONS	HDMCO	X	X
HEALTH ALLIANCE EXCLUSIVE	23172	X	X
HEALTH ALLIANCE MEDICAL PLANS	77950	X	X
HEALTH ALLIANCE PLAN OF MICHIGAN	38224	X	X
HEALTH AMERICA/HEALTH ASSURANCE/ADVANTRA	25126	X	X
HEALTH AND WELFARE FUND OHIO	34564	X	
HEALTH CARE ALLIANCE (SEARS)	60054	X	X
HEALTH CARE NETWORK OF WISCONSIN	42102		X
HEALTH CARE PAYER'S COALITION (TOLEDO, OH)	34193	X	X
HEALTH CHOICE GENERATIONS	62180	X	
HEALTH DESIGNS PLUS (HUDSON, OH)	34158	X	X
HEALTH ECONOMICS -MICS CORP	75196	X	X
HEALTH FIRST HEALTH PLANS	95019	X	X
HEALTH FIRST TPA - TYLER TX	75234	X	
HEALTH FUTURE	30946	X	X
HEALTH INSURANCE PLAN OF NEW YORK Individual provider enrollment is required by HIP of NY. Please call HIP of NY Provider Relations to obtain the enrollment form at 800-447-8386 or email at edisupport@hipusa.com.	55247	X	X
HEALTH MARKET CARE ASSURED	62295	X	X
HEALTH NET - CALIFORNIA (ENCOUNTERS) Must submit with Health Net Submitter ID. Please contact Carol Petula at 916-935- 1252 to obtain Health Net Submitter ID.	95570	X	
HEALTH NET - CALIFORNIA (ENCOUNTERS) Must submit with Health Net Submitter ID. Contact Carol Petula 916-935-1252 to obtain Health Net Submitter ID.	95568		X
HEALTH NET OF ARIZONA	38309	X	X
HEALTH NET-CALIFORNIA & OREGON	95567	X	X
HEALTH NETWORK AMERICA	20199	X	X
HEALTH NETWORK ONE	65062	X	
HEALTH NEW ENGLAND	04286	X	
HEALTH OPTIONS OF ILLINOIS INC	NAHOI	X	X
HEALTH PARTNERS - JACKSON, TENN.	62157	X	X
HEALTH PARTNERS - PA	80142	X	X
HEALTH PLAN SOLUTIONS OF UTAH	87068	X	X
HEALTH PLANS INC	44273	X	X
HEALTH PLEDGE HMO	95435	X	
HEALTH PLUS PHSB (BROOKLYN, NY)	11324	X	X

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HEALTH RESOURCES NW	56731	X	
HEALTH RISK MANAGEMENT (HRM)	41170	X	X
HEALTH SERVICES FOR CHILDREN - SPECIAL NEEDS	37290	X	X
HEALTH SERVICES MANAGEMENT (HSM) Please contact the Health Services Management EDI Coordinator at 800-432-3640 prior to initial submission of electronic claims to the payer.	HSM01	X	
HEALTH VALUE MANAGEMENT	61101	X	X
HEALTHCARE BENEFITS	84980	X	X
HEALTHCARE MANAGEMENT ADMIN (HMA)	HMA01	X	X
HEALTHCARE OPTIONS (TX) Please contact Provider Relations @915-532-3778, #1068 to enroll.	EPF37	X	X
HEALTHCARE USA Must send HealthCare USA provider ID number in the 2310B loop, REF02 segment (with a G2 qualifier in the REF01). Call 800-625-7602 for Central/Western Missouri or 800-213-7792 for Eastern Missouri if you do not know your provider ID number.	25143	X	X
HEALTHCARE'S FINEST NETWORK - HFN	36335	X	X
HEALTHCHOICE OF ARIZONA New Submitters should contact Jaime Perikly at 480-303-4419 (jperikly@iasishealthcare.com) prior to submitting claims.	62179	X	
HEALTHCOMP (COM FIRST STAR HEALTH PLAN)	HCOMP	X	X
HEALTHCOMP INC	85729	X	X
HEALTHEASE	14163	X	
HEALTHFIRST, INC All claims require a nine position Healthfirst Provider ID in the Rendering Provider Network Field. Please call Healthfirst at (888)801-1660 to obtain the Provider ID.	80141	X	
HEALTHHELP NETWORK, INC (HHNI)	59087	X	X
HEALTHLINK HMO Please call Provider Relations Dept 800-624-2356 for unique prov number.	96475	X	X
HEALTHLINK PPO Please call Provider Relations Dept 800-624-2356 for unique prov number.	90001	X	X
HEALTHNET - CA (ENCOUNTERS)	95568		X
HEALTHNET OF THE NORTHEAST Payer requires unique Provider ID, please call 866-334-4638.	06108	X	X
HEALTHPLAN SERVICES (TAMPA ONLY) FL	59140	X	
HEALTHPLAN SERVICES- HARRINGTON	95266	X	X
HEALTHPLAN OF LOUISIANA	95009	X	x
HEALTHPOWER HMO	31106	X	X
<b>HEALTHSCOPE BENEFITS INC was 71063</b>	<b>AHS01</b>	<b>X</b>	<b>X</b>
HEALTHSMART PREFERRED CARE (HSPC) Group Name and ID are required by HSPC	HSPC1	X	X
HEALTHSOURCE OF NORTH TEXAS Requires Healthsource Practice ID. Confirm ID 800-276-2654.	75255	X	X
HEALTHSOURCE, AR (MEDICARE HMO) Provider ID Required - contact (800)831-6654 to obtain ID	71075	X	X
HEALTHSOURCE, AR Provider ID Required - contact (800)831-6654 to obtain ID	71074	X	X
HEALTHSOURCE, GA Provider ID Required - contact (800)909-2227, x5760 to obtain ID	58210	X	X
HEALTHSOURCE, KY Provider ID Required, Contact payer to obtain ID	61127	X	X
HEALTHSOURCE, ME Provider ID Required, Contact payer to obtain ID	01041	X	X
HEALTHSOURCE, NC Provider ID Required, Contact payer to obtain ID	56147	X	X
HEALTHSOURCE, NH Provider ID Required, Contact payer to obtain ID	02038	X	X
HEALTHSOURCE, TN Provider ID Required, Contact payer to obtain ID	62129	X	X

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HEALTHSPRING HMO An EDI application must be submitted prior to submitting claims. Please contact our EDI Coordinator at 866-593-4484 or visit www.myhealthspring.com to obtain an application. This payer ID is not for PPO claims.	63092	X	X
HEALTHSTAR, INC	36332	X	X
HEALTHWAYS WHOLEHEALTH NETWORKS	58213	X	
HEALTHY KIDS Enrollment Contact - 866-703-1444	M3FL3	X	X
HERITAGE CONSULTANTS	59230	X	
HERITAGE IPA	HER01	X	
HERITAGE NEW YORK MEDICAL GROUP	11328	X	X
HERITAGE PHYSICIAN NETWORK (Houston) TX	HPN11	X	X
HFN HEALTHEASE	M3FL5	X	
HIGHLINE MEDICAL SERVICES ORGANIZATION (HMSO) MOLINA	91164	X	
HIGHLINE MEDICAL SERVICES ORGANIZATION (HMSO) PSHP	91161	X	
HIGHMARK	37323	X	X
HIGHMARK - KEY FAMILY	35145	X	X
HILL PHYSICIANS MEDICAL GROUP	00046	X	
HILLCREST BENEFIT ADMINISTRATORS	59347	X	X
HINSDALE PHYSICIANS HEALTHCARE	NAHIN	X	X
HIP - HEALTH INSURANCE PLAN OF GREATER NEW YORK (ANESTHESIA) Individual provider enrollment is required by HIP of NY. Please call HIP of NY Provider Relations to obtain the enrollment form at 800-447-8386 or email at edisupport@hipusa.com.	AXH01	X	
HMO BLUE Texas Receiver Type 'G'	84980	X	X
HMO OF COLORADO	COHMO	X	
HOLY CROSS HEALTH PARTNERS	NAHLX	X	X
HOMETOWN HEALTH NETWORK	34150	X	X
HOMETOWN HEALTH PLAN NEVADA	88023	X	X
HOOSIER ALLIANCE HEALTHPLAN	20475	X	X
HOTEL EMPLOYEES & RESTAURANT EMPLOYEES HEALTH TRUST Group # required	91136	X	X
HPS PARADIGM, INC	58227	X	X
HUMANA CARE PLAN	61101	X	X
HUMANA HEALTH PLANS OF OHIO Choice Care - Cincinnati Platform Claims only - Please call 800-575-2333 to obtain provider ID.	95348	X	
HUMANA HMO	61105	X	X
HUMANA INC., (ENCOUNTERS)	61102	X	
HUMANA VETERANS HEALTHCARE SERVICES	61160	X	X
I.E. SHAFFER (WEST TRENTON, NJ)	22175	X	X
IBM MEDICAL PLANS Please send all Payer claims to Aetna Payer ID 60054	60054	X	X
ICARE (INDEPENDENT CARE HEALTH PLAN)	11695	X	X
ICM	37296	X	
IMCare	41600	X	X
INDECS CORPORATION	40585	X	X
INDIANA HEALTH NETWORK	35204	X	X
INDIANA PRO HEALTH NETWORK	35161	X	
INFORMED, LLC	52196	X	X
INGALLS PROVIDER GROUPS	NAING	X	X
INNOVATIVE HEALTHWARE SOLUTIONS	04320	X	X
INS HEALTH SERVICES (IMMIGRATION HEALTH SERVICES)	VAICE	X	
INSURANCE ADMINISTRATOR OF AMERICA, INC	37279	X	X
INSURANCE DESIGN ADMINISTRATORS	13315	X	X
INSURANCE MANAGEMENT SERVICES (IMS) OF TEXAS Located in Amarillo, TX	IMSMS	X	X
INSURANCE SERVICE OF LUBBOCK TX	ISL11	X	

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INSURER'S ADMINISTRATIVE CORPORATION	IAC01	X	X
INTEGRA ADMINISTRATIVE GROUP	51020	X	X
INTEGRA GROUP	31127	X	X
INTEGRA GROUP - CHA	31129	X	
INTEGRANET	INET1	X	X
INTEGRATED CARE NETWORK BY EMERALD	34167	X	X
INTEGRATED MENTAL HEALTH SERVICES (IMHS) Please contact the payer at 800-225-2573, x25525 or via email at ediba@centene.com prior to submitting claims electronically.	68053	X	X
INTERCARE HEALTH PLANS, INC.	37227	X	X
INTER-AMERICAS INSURANCE CORPORATION INC	92649	X	X
INTERFACE EAP	60280	X	X
INTERGROUP SERVICES CORPORATION	23287	X	
INTERNATIONAL FUNDING	39182	X	X
INTERNATIONAL MEDICAL GROUP	IMGIN	X	X
INTERNATIONAL UNION OF OPERATING ENGINEERS, LOCAL 15	37269	X	X
INTERWEST HEALTH (MONTANA) - PPO	84137	X	
IOWA BENEFITS	41124	X	X
JACKSON MEMORIAL HEALTH PLAN FL	05014	X	
JF MOLLY & ASSOC	61271	X	X
JI SPECIALTY SERVICES, INC	JISSP	X	X
JI SPECIALTY SERVICES WORKERS COMP	WK006	X	X
JOHN ALDEN/ASSURANT HEALTH CARE SERVICE CORPORATION	41099	X	X
JOHN DEERE HEALTH CARE Contact payer at (866)509-1593 for EDI enrollment.	95378	X	X
JOHN HANCOCK	80314	X	X
JOHN HOPKINS HEALTHCARE (EHP/PP)	52189		X
JOHN P PEARL & ASSOCIATES	37215	X	X
JOHN MORRELL	38310	X	X
JOHN MUIR HEALTH NETWORK	JMH01	X	
JOHNS HOPKINS MEDICAL SERVICES CORP	52123		X
JOPLIN CLAIMS	43178	X	X
JP FARLEY CORPORATION	34136	X	X
JSL ADMINISTRATORS	37272	X	X
KAISER FOUNDATION HEALTH PLAN OF COLORADO	91617	X	X
KAISER FOUNDATION HEALTH PLAN OF NORTHERN CA Emergency Claims: For more information, please call 866-285-0362. Referral Claims: Please call 510-987-3513 for approval prior to submitting claims.	94135	X	X
KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA For more information, please call 866-285-0361	94134	X	X
KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES For more information, please call Kenya Neal at Kaiser (301)625-2264.	52095	X	X
KAISER FOUNDATION OF THE NORTHWEST Payer accepts claims for Kaiser members in Oregon and Washington only.	93079		X
KAISER FOUNDATION PLAN OF GEORGIA	21313	X	X
KAISER NW REGION	KS007	X	
KAISER OHIO REGION OH	KS005	X	
KAISER PERMANENTE (COLORADO PLANS ONLY EXCEPT COLORADO SPRINGS)	COKSR	X	
KAISER PERMANENTE (COLORADO SPRINGS ONLY)	KSRCS	X	
KAISER PERMANENTE (SO CAL ONLY)	KS001	X	
KANAWHA INSURANCE CO	57038	X	X
KELSEY-SEYBOLD	KELSE	X	X
KELSEY-SEYBOLD INSTITUTIONAL CLAIMS	KELSI		X
KEMPTON COMPANY, KEMPTON GROUP ADM	73100	X	X
KENTUCKY HEALTH SELECT KY	63077	X	X
KEY BENEFIT ADMINISTRATORS INC (INDIANAPOLIS, IN) Payer Address: 8330 Allison Pointe Trail, Indianapolis, IN 46250	37217	X	X
KEY SELECT	37321	X	X

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KEYSTONE HEALTH PLAN CENTRAL	23045	X	
KEYSTONE MERCY HEALTH PLAN	23284	X	X
KLAIS & COMPANY	34145	X	X
KPS HEALTH PLANS	KPS01	X	
LABOR & INDUSTRY (WASHINGTON) Receiver Type 'B' Please download the Payer's EDI Submitter Enrollment Form at their website address, <a href="http://www.lni.wa.gov/forms/pdf/24803laf.pdf">www.lni.wa.gov/forms/pdf/24803laf.pdf</a>	WC001	X	
LAFAYETTE CONSOLIDATED GOVERNMENT	71037	X	X
LAKESIDE HEALTH SERVICES	95415	X	X
LANDMARK HEALTHCARE	LNDMK	X	
LAWNDALE CHRISTIAN HEALTH PLAN	36333	X	X
LBA HEALTH PLANS	52193	X	X
LEON MEDICAL CENTER HEALTH PLAN	65055	X	X
LIFE & HEALTH INSURANCE COMPANY OF AMERICA	98205	X	
LIFE TRAC	41136	X	X
LIFEWISE OF OREGON, A PREMIERA HEALTHPLAN Oregon claims only	93093	X	
LINCOLN NATIONAL (HUMANA)	61101	x	X
LINDEN OAKS BEHAVIORAL HEALTH	LOBH1	X	X
LIPA/AGATE RESOURCES Please contact Denise Watts at 541-585-2155, x1178 for EDI enrollment with payer.	LIPA1	X	
LOCAL 135 HEALTH BENEFITS FUND (INDIANAPOLIS, IN)	35107	X	X
LOMA LINDA UNIVERSITY ADVENTIST	37267	X	X
LONDON HEALTH ADMINISTRATORS	37226	X	X
LOS ALAMOS TOTAL CARE (PRUDENTIAL)	60054	X	X
LOVELACE SANDIA HEALTH PLANS (COMMERCIAL) Receiver Type 'F'	90328	X	X
MACHINIST DISTRICT 9 WELFARE	37292	X	X
MACNEAL HEALTH PROVIDERS - CHS Please call Chicago Health System at 708-783-7100 prior to initially submitting electronic claims to payer.	36334	X	X
MAGELLAN HEALTH SERVICES	01260	X	X
MAGNACARE	11303	X	X
<b>MAILHANDLERS</b>	<b>52133</b>	<b>X</b>	<b>X</b>
MAILHANDLERS MENTAL HEALTH CLAIMS Call (800)557-5745 for claim submission questions	87726	X	
MAKSIN MANAGEMENT CORPORATION	22195	X	X
MANAGED CARE INDEMNITY	61101	X	X
MANAGED CARE SERVICES, LLC	35162	X	X
MANAGED HEALTH CARE SERVICES INDIANA	39186	X	
MANAGED HEALTH NETWORKS (MHN)	22771	X	X
MANAGED HEALTH SERVICES WISCONSIN	39187	X	X
MANAGED PHYSICIAN NETWORK	93900	X	
MANAGED PRESCRIPTION SERVICES	61101	X	X
MANATEE SERVICE CENTER BRADENTON FL	41555	X	X
MAPCO, INC.	75258	X	X
MARRIOTT	60054	X	X
MARSH ADVANTAGE AMERICA (aka Seabury & Smith)	13310	X	X
MASHANTUCKET PEQUOT TRIBAL NATION	37121	X	X
MASTERS, MATES & PILOTS PLAN	MMPHB	X	X
MAYO MANAGEMENT SERVICES INC	41154	X	X
MBA BENEFIT ADMINISTRATORS Payer ID changed from CDTEC	87065	X	
MBA OF WYOMING Payer ID changed from CDTEC	87065	X	X
MC CREAMY CORPORATION	59331	X	
MCC BEHAVIORAL CARE	02331	X	
MCLAREN HEALTH PLAN	38338	X	X

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<b>OTHER COMMERCIAL PAYERS</b>			
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MCMC LLC WORKER COMP	WK007	X	X
MD HEALTH PLAN	06118		X
MEDBENEFIXX INC	61101	X	X
MEDCOM	59231	X	X
MEDCONNECTION (MARRIOTT)	60054	X	X
MEDCOST BENEFIT SERVICES (MBS)	56205	X	
MEDCOST, INC			
Provider ID Required - contact (800)443-9178, x4189 to obtain ID	56162	X	X
MEDFOCUS	95321	X	
MEDICA CHOICE (ALLINA) MN	94265	X	X
Medica			
Unique 7-digit numeric Medica Provider ID required contact 1-800-458-5512.	94265	X	X
MEDICAID - IDAHO			
Receiver Type 'D'	AIDID	X	
MEDICAID - TX			
Contact 888-863-3638 to enroll in EDI - Receiver Type 'D'	86916	X	X
MEDICAID - WASHINGTON			
Receiver Type 'D'			
Please visit <a href="http://www.acs-gcro.com">www.acs-gcro.com</a> to download EDI Submitter Enrollment form. In addition, please contact Provider Enrollment Department at 866-545-0544 to obtain a required Medicaid number.	AIDWA	X	
MEDICAL BENEFITS ADMINISTRATORS OF MARYLAND, INC	37298	X	X
MEDICAL BENEFITS MUTUAL	74323	X	X
MEDICAL CLAIMS SERVICE INC	04258	X	X
MEDICAL DEVELOPMENT INTERNATIONAL	52181	X	X
MEDICAL MUTUAL OF OHIO	29076	X	X
MEDICAL MUTUAL OF OHIO	BC004	X	
MEDICAL NETWORK OF COLORADO SPRINGS	CSMED	X	
MEDICAL PATHWAYS	33029	X	
MEDICAL PLAN OF KANSAS CITY MO	61101	X	X
MEDICAL RESOURCE NETWORK	58203	X	X
MEDICAL VALUE PLAN (OHIO)	38224	X	X
MEDICARE PART A - MINNESOTA	00320		X
MEDICARE PART B - MINNESOTA	00954	X	
MEDICARE RAILROAD			
Receiver Type 'C'			
Call TECHNICAL SUPPORT for enrollment 866-749-4301.	00882	X	
MEDSOLUTIONS, INC	62160	X	X
MEDSTAR FAMILY CHOICE	00243	X	
MEGA LIFE & HEALTH INS (STUDENT INSURANCE)	74227	X	X
MEMORIAL CLINICAL ASSOCIATES TX	MCA11	X	X
MEMORIAL HERMANN HEALTH NETWORK			
All claims must be submitted with rendering provider's NPI number.	MHHNP	X	X
MEMORIAL INTEGRATED HEALTHCARE	59064	X	X
MENTAL HEALTH NETWORK (MHNET)	74289	X	X
MERCY CARE PLAN	86052	X	X
MERCY HEALTH PLAN OF NJ			
Provider ID Required - contact (800)682-9091 to obtain ID	22326	X	X
MERCY HEALTH PLANS			
Please call 800-596-4315, #1, to obtain UPIN number required by Payer on claims.	MER11	X	
MERITAIN HEALTH	64157	X	X
MESA MENTAL HEALTH	85035	X	
MET LIFE	87726	X	X
METCARE HEALTH PLANS	65113	X	X
METHODIST ASSOC HEALTH PLAN	62168	X	X
METHODIST CARE	80314	X	
METRO PLUS HEALTH PLAN	13265	X	
METROPOLITAN HEALTH PLAN	10850	X	
METROPOLITAN LIFE INS CO	87726	X	

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METROWEST HEALTH PLAN-PREFERRED CARE	MWP01	X	
MICHAEL REESE HMO	87726	X	
MICHAEL REESE PHYSICIANS GROUP	37127	X	X
MID AMERICA ASSOCIATES INC	37281	X	X
MID ROGUE OREGON HEALTH PLAN	MRIPA	X	X
MIDLAND NATIONAL LIFE INSURANCE CO	90956	X	X
MIDLAND'S CHOICE	47080	X	X
MID-VALLEY CARENET, INC	31140	X	X
MIDWEST GROUP BENEFITS	61146	X	X
MIDWEST HEALTH PLAN The required enrollment form can be found on www.midwesthealthplan.com under 'Claim Submission Information'	MHP77	X	X
MIDWEST NATIONAL LIFE INS CO - TN	59224	X	X
MIDWEST PREFERRED EDI Trading Partner accepts a maximum of 12 line charges.	MIDSC	X	
MIDWEST SECURITIES EDI Trading Partner accepts a maximum of 12 line charges.	MIDSC	X	
MIDWEST SECURITY	79480	X	X
MIDWEST SECURITY ADMINISTRATORS (MSA) EDI Trading Partner accepts a maximum of 12 line charges.	MIDSC	X	
MIDWEST SECURITY INSURANCE CO. (MSIC) EDI Trading Partner accepts a maximum of 12 line charges.	MIDSC	X	X
MILLS PENINSULA MEDICAL GROUP	MPMG1	X	
MINNEAPOLIS PRUDENTIAL	60054	X	X
MISSISSIPPI SELECT HEALTHCARE	64088	X	X
MISSOULA COUNTY MEDICAL BENEFITS PLAN	37275	X	X
MOLINA HEALTHCARE OF CALIFORNIA	38333	X	X
MOLINA HEALTHCARE OF FLORIDA	51062	X	X
MOLINA HEALTHCARE OF MICHIGAN	38334	X	X
MOLINA HEALTHCARE OF NEW MEXICO Receiver Type 'D'. Payer name changed from 'Cimmaron Salud'. Claims are printed and mailed to the Payer.	NM505	X	X
MOLINA HEALTHCARE OF OHIO	20149	X	X
MOLINA HEALTHCARE OF TEXAS	20554	X	X
MOLINA HEALTHCARE OF WASHINGTON	38336	X	X
MOMENTUM HEALTH SERVICES	72135	X	X
MONTEFIORE CONTRACT MANAGEMENT ORG.	13174	X	X
MONUMENTAL LIFE INS CO 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	MMLIC	X	X
MONUMENTAL LIFE INS CO Cancer, LTC, LTC Rider - PO Box 34310, Louisville, KY 40232, Customer Service 800-388-7995 Major Medical - PO Box 34310, Louisville, KY, 40232, Customer Service 866-792-7615	MMLI2	X	X
MONUMENTAL LIFE INS CO Long Term Care only - PO Box 93019, Hurst TX, 76053. Call 866-745-3543 with claim questions.	MMLI3	X	X
MOTOROLA, INC	36111	X	
MOUNTAIN STATES ADMINISTRATIVE SERVICES	86040	X	X
MPE EMPLOYEE BENEFIT SERVICES INC	37233	X	X
MPLAN, INC/HEALTHCARE GROUP, LLC	95444	X	X
MT CARMEL HEALTH PLAN	95655	X	X
MULTIPLAN FOR AMERICAN FAMILY	39634	X	X
MULTIPLAN WISCONSIN PREFERRED PROVIDER NETWORK (WPPN)	34080	X	X
MUNICIPAL HEALTH BENEFIT FUND	81883	X	X
MUTUAL ASSURANCE ADMINISTRATORS	37256	X	X
MUTUAL BENEFIT LIFE (MBL)	70408	X	X
MUTUAL GROUP (THE)	70491	X	X

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MUTUAL OF OMAHA	71412	X	X
MUTUALLY PREFERRED	71412	X	X
MVP HEALTHPLAN NY Call Carrier to enroll in EDI (800)684-9286	14165	X	X
N.W. IRONWORKERS HEALTH & SECURITY HEALTH FUND Group # required	91136	X	X
N.W. ROOFERS & EMPLOYERS HEALTH & SECURITY TRUST FUND Group # required	91136	X	X
N.W. TEXTILE PROCESSORS Group # required	91136	X	X
NAA - NORTH AMERICA ADMINISTRATORS (NASHVILLE, TN)	65085	X	X
NAMM PARTNERS INC	NANPR	X	X
NAPERVILLE HEALTH CARE ASSOCIATES	NHCA1	X	X
NATIONAL BENEFIT ADMIN - NC	56176	X	X
NATIONAL BENEFIT ADMINISTRATORS - NEW JERSEY	56175	X	X
NATIONAL CLAIM ADMINISTRATION	37126	X	X
NATIONAL FINANCIAL INSURANCE COMPANY	90956	X	
NATIONAL FOUNDATION LIFE INSURANCE COMPANY	98205	X	
NATIONAL IMAGING ASSOCIATES	NIA11	X	X
NATIONAL RURAL ELECTRIC COOP (NREC)	52132	X	
NATIONAL RURAL LETTER CARRIER ASSOC (NALC)	53011	X	
NATIONAL TEACHERS ASSOCIATION (NTA)	NTA11	X	X
NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION (NTCA)	52103	X	X
NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION (NTCA) - STAFF MEMBERS	52104	X	X
NATIONWIDE HEALTH PLANS	31417	X	X
NCAS - CHARLOTTE NC	75191	X	X
NCAS - FAIRFAX, VA	75190	X	X
NEIGHBORHOOD HEALTH PARTNERSHIP	95132	X	X
NEIGHBORHOOD HEALTH PLAN	04293	X	X
NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND (NHPRI) Please call NHPRI at 1-401-459-6030 to obtain or confirm your provider and vendor number prior to your initial claims submission.	05047	X	
NEIGHBORHOOD HEALTH PROVIDERS	11325	X	X
NESIKA HEALTH GROUP	37255	X	X
NETCARE LIFE AND HEALTH INSURANCE	66055	X	X
NETWORK HEALTH	04332	X	X
NETWORK HEALTH SOLUTIONS	39144	X	
NEW ENGLAND FINANCIAL	80705	X	X
NEW ERA LIFE INSURANCE COMPANY	75281	X	X
NEW MARKET DIMENSIONS	65056	X	X
NEW YORK LIFE LTC	NYL11	X	X
NEW YORK MEDICAL IMAGING MVP	14179	X	
NEW YORK NETWORK MANAGEMENT	11334	X	
NEW YORK PRESBYTERIAN COMMUNITY HEALTH PLAN	48186	X	X
NGS AMERICAN, INC.	38225	X	X
NIPPON LIFE INSURANCE CO	81264	X	X
NORTH AMERICA BENEFITS NETWORK	34159	X	X
NORTH AMERICAN ADMINISTRATORS	64157	X	X
NORTH AMERICAN MEDICAL MANAGEMENT -- CA	E3510	X	
NORTH WEST LIFE	PH018	X	
NORTHERN CALIFORNIA SHEET METAL WORKERS INSURANCE PLAN	38238	X	
NORTHERN ILLINOIS HEALTH PLAN	36347	X	X
NORTHERN NEVADA TRUST FUND Please call 775-826-7200 to verify if you should be sending claims to Northern Nevada Trust Fund.	88027	X	X
NORTHWEST COMMUNITY HEALTH PARTNERS	NANWC	X	X

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NORTHWEST DIAGNOSTIC CLINIC Also named: SelectCare of Texas (Northwest Diagnostic Clinic) TexanPlus (Northwest Diagnostic Clinic) TexanValue (Northwest Diagnostic Clinic) TexanComplete (Northwest Diagnostic Clinic)	NWDC1	X	X
NORTHWEST PHYSICIANS NETWORK	NPN11	X	X
NORTHWEST SUBURBAN IPA (ILLINOIS)	36346	X	X
NORTHWESTERN NATIONAL LIFE (RELIASTAR)	41045	X	
<b>NOVA CASUALTY CO</b>	<b>16114</b>	<b>X</b>	<b>X</b>
NOVANET	06226	X	
NOVA HEALTH ADMIN. (GRAND ISLAND, NY)	16644	X	X
NOVASYS	71080	X	
NYHART	37299	X	X
NYLCARE ETHIX NORTHWEST	91135		X
NYMI OXFORD	14180	X	
OAK WEST PRIMARY PHYSICIANS ASSOCIATION	NAOAK	X	X
OCHSNER HEALTH PLAN Payer requires unique Provider ID for each practitioner/provider; contact Jill Brandt, OHP Provider Relations at 504-219-6682 or jill.brandt@ochsner-hmo.com.	72127	X	X
OCHSNER HEALTH PLANS	OCH01	X	X
ODS HEALTH PLAN	13350	X	X
OEA CHOICE TRUST	13350	X	X
OFFICE OF ADMINISTRATOR, WASHINGTON DC	13310	X	
OHANA HEALTH PLAN	14163	X	X
OHIO HEALTH CHOICE, PPO Group Number is required. Payer ID valid only for claims with a billing submission address of PO Box 93538, Cleveland, OH 44101 or PO Box 6086, Cleveland, OH 44101.	34189	X	X
OMNICARE, A COVENTRY HEALTH PLAN For claims with dates of service AFTER 10/01/04.	25150	X	X
ONE CALL MEDICAL	22321	X	X
ONE HEALTH PLAN (ALL 50 STATES)	80705	X	X
ONE HEALTH PLAN OF CALIFORNIA, INC	95379	X	
ONE HEALTH PLAN OF GEORGIA, INC	95569	X	
ONE HEALTH PLAN OF ILLINOIS, INC	95388	X	
OPERATING ENGINEERS LOCALS 302 & 612 HEALTH & SECURITY FUND Group # required	91136	X	X
OPTICARE EYE HEALTH NETWORK Rendering Network ID required by Payer in 2310B/REF02. Please contact Payer to obtain ID.	56190	X	
OPTIMUM CHOICE OF THE CAROLINAS	52152	X	
ORTHANET - AETNA	13383	X	X
ORTHONET CORPORATION - CIGNA	13381	X	X
OSF CARE ADVANTAGE UPIN # must be present	OSFMC	X	
OSF HEALTH PLAN IL Please contact Payer to enroll for EDI submission.	OSFIL	X	
OSMA HEALTH Formerly PLICO Health	CLFR2	X	X
OXFORD HEALTH PLANS	06111	X	X
PACIFIC GAS AND ELECTRIC (PG&E)	60054	X	X
PACIFICARE Special enrollment no longer required	95959	X	X
PACIFICARE BEHAVIORAL HEALTH	33053	X	
PACIFICARE OF ARIZONA For payable Pacificare/Secure Horizons HMO and POS claims only. Not for PPO claims. For further questions, you may inquire via email at edioutreach@phs.com	95964	X	

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PACIFICARE OF CALIFORNIA - HMO For payable Pacificare HMO claims only. Not for PPO claims. For further questions you may inquire via email at edihmoinfo@phs.com	95959	X	X
PACIFICARE OF COLORADO For payable Pacificare/Secure Horizons HMO and POS claims only. Not for PPO claims. For further questions you may inquire via email at edioutreach@phs.com	95962	X	X
PACIFICARE OF OKLAHOMA - HMO For payable Pacificare HMO claims only. Not for PPO claims. For further questions you may inquire via email at edihmoinfo@phs.com	95959	X	X
PACIFICARE OF OREGON - HMO (CLAIMS) For payable Pacificare HMO claims only. Not for PPO claims. For further questions you may inquire via email at edihmoinfo@phs.com	95959	X	X
PACIFICARE OF TEXAS - HMO (CLAIMS) For payable Pacificare HMO claims only. Not for PPO claims. For further questions you may inquire via email at edihmoinfo@phs.com	95959	X	X
PACIFICARE PPO - All States For payable Pacificare HMO claims only. Not for Pacificare/Secure Horizons HMO claims. For further questions you may inquire via email at edippoinfo@phs.com	95999	X	X
PACIFICARE WASHINGTON	95959	X	X
PACIFICARE/SECURE HORIZONS	95959	X	
PACIFICSOURCE HEALTH PLANS	93029	X	X
PARAGON BENEFITS INC	58174	X	X
PARKLAND HEALTH FIRST TX Provider must be enrolled as a Parkland Network Provider, for enrollment please call Patricia Carney 214-266-2121 or Ted Lyons 214-266-2120	66917	X	X
PARTNER CARE	M3FL7	X	
PARTNERS NATIONAL HEALTH PLANS OF NORTH CAROLINA INC Contracted providers only. Call the payer's customer service department 800-942-5695 or 336-760-4822, #12005 for electronic claims set up.	56152	X	X
PASSPORT HEALTH PLAN	61129	X	X
PATIENT CHOICE	39026	X	X
PAYNET, INC.	37210	X	X
PCA HEALTH PLAN OF FLORIDA	65018	X	
PCA STAR MEDICAID	61101	X	X
PEACH STATE HEALTH PLAN Enrollment required. Please call 800-225-2573, x25525 prior to submitting claims	68049	X	X
PEDICARE TITLE 19	M3FL8	X	
PEDICARE TITLE 21	M3FL6	X	
PEKIN INSURANCE	37086	X	X
PEOPLES HEALTH NETWORK	72126	X	
<b>PERSONALCARE was 25146</b>	<b>25133</b>	<b>X</b>	<b>X</b>
PHIFER WIRE PRODUCTS INC	PHIF4	X	X
PHOENIX HEALTH PLAN	03440	X	
PHOENIX HOME LIFE	67814	X	
PHOENIX MUTUAL	67814	X	
PHP TENNCARE	62155	X	X
PHYSICIAN HEALTH PLAN (PHP) Please submit an insured group number in 2000B/SBR03 for T0301 submitters. A 12 character assigned PIN number is required in the REF segment with a G2 qualifier either in loop 2010AA or 2310B(prof)/2310A(inst) The PIN can be obtained by contacting PHP at 517-364-8312.	37330	X	X
PHYSICIANS CARE NETWORK (ROCKFORD, IL) Rockford, IL only	36345	X	X
PHYSICIANS HEALTH ASSOCIATION OF ILLINOIS	37136	X	X
PHYSICIANS HEALTH CHOICE - CLAIMS Administered by Wellmed	PHCS1	X	X

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PHYSICIANS HEALTH PLAN OF MID MICHIGAN (MEDICAID AND COMMERCIAL CLAIMS) Please submit an insured group number in 2000B/SBR03 for T0301 submitters. A 12 character assigned PIN number is required in the REF segment with a G2 qualifier either in loop 2010AA or 2310B(prof)/2310A(inst) The PIN can be obtained by contacting PHP at 517-364-8312.	37330	X	X
PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA Contracted Providers: All claims require PHP assigned Provider ID. Contact 260-432-6690, x549 with questions. Corrected/adjustment claims - submit via paper. Anesthesia claims - submit with ASA/AA modifiers and billed with minutes.	12399	X	X
PHYSICIANS HEALTH PLAN OF SOUTH MICHIGAN (COMMERCIAL CLAIMS) Please submit an insured group number in 2000B/SBR03 for T0301 submitters. A 12 character assigned PIN number is required in the REF segment with a G2 qualifier either in loop 2010AA or 2310B(prof)/2310A(inst) The PIN can be obtained by contacting PHP at 517-364-8312.	37330	X	X
PHYSICIANS HEALTHCARE PLANS	65031	X	
PHYSICIANS MUTUAL INSURANCE COMPANY	47027	X	
PHYSICIANS PLUS INS. CORP	39156	X	X
PHYSICIANS UNITED PLAN	10775	X	X
PINNACOL ASSURANCE	CCIA1	X	
PINNACOL ASSURANCE	84109		X
PITMAN & ASSOCIATES	37224	X	
PLANNED ADMINISTRATORS, INC	37287	X	X
PM GROUP	67466	X	X
PODIATRY FIRST	POD1ST	X	X
POLY AMERICA MEDICAL BENEFITS PLAN	32680	X	X
POMCO	16111	X	X
PPO OKLAHOMA	73159	X	
PPO PLUS, LLC	72148	X	X
<b>PPOM was 38335</b>	<b>60054</b>	<b>X</b>	<b>X</b>
PRAIRIE STATES ENTERPRISES INC	36373	X	
PREFERRED ADMINISTRATORS Please contact Provider Relations @ 915-532-3778, #1068 to enroll	EPF10	X	X
PREFERRED BENEFIT ADMINISTRATOR (WICHITA, KS)	61665	X	X
PREFERRED BENEFIT ADMINISTRATORS (LONGWOOD, FL)	53476	X	X
PREFERRED CARE PARTNERS	65088	X	X
PREFERRED COMMUNITY CHOICE	73145	X	X
PREFERRED HEALTH PLAN	61106	X	X
PREFERRED HEALTH PROFESSIONALS	31478	X	X
PREFERRED HEALTH SYSTEMS	60110	X	X
PREFERRED NETWORK ACCESS INC (DARIEN, IL) Payer ID valid only for claims with a submission address of PO Box 2248, Darien, IL 60561	36401	X	X
PREFERRED PLUS OF KANSAS (PPK)	60110	X	X
PRESBYTERIAN HEALTH PLAN (COMMERCIAL) NM Please add provider number in 2010AA/REF02 or 2310B/REF02. Provider number is 11 digits or less. Contact 888-923-5757, #6 then #2 to obtain ID.	PREHP	X	X
PREVEA HEALTH INSURANCE PLAN	39185	X	X
PRIMARY HEALTH PLAN	PRIME	X	X
PRIMARY PHYSICIAN CARE, INC	56144	X	X
PRIME BENEFITS SYSTEM	61101	X	X
PRIME CARE HEALTH PLAN	UH015	X	
PRIME VISION HEALTH PLAN Provider ID Required (800)840-7032	56190	X	
PRIMESOURCE HEALTH NETWORKS (was 04320)	23266	X	X
<b>PRIMEWEST</b>	<b>61604</b>	<b>X</b>	<b>X</b>
PRINCIPAL HEALTHCARE	61271	X	

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PRINCIPAL MUTUAL LIFE INSURANCE CO	61271	X	X
PRIORITY HEALTH Please call Wendell Broome at 616-975-8284 prior to submitting claims to obtain the pay to code.	38217	X	
PRISM - FIRST HEALTH	37303	X	
PRISM - UNIVERA	37315	X	X
PRISM NETWORK INC	37268	X	
PRIVATE HEALTH CARE (PHCS SAVILITY)	13306	X	X
PRO CARE HEALTH PLAN INC	38329	X	X
PROFESSIONAL BENEFIT ADMINISTRATORS Payer ID valid only for claims will billing submission name, city and state of Professional Benefit Administrators, Inc Oak Brook, IL	36331	X	X
PROFESSIONAL CLAIMS MANAGEMENT	37242	X	X
PROFESSIONAL RISK MANAGEMENT	34134	X	X
PROVIDENCE CHOICE OPTION	PHP01	X	
PROVIDENCE GOOD HEALTH PLAN	PHP01	X	
PROVIDENCE HEALTH PLAN (PPO)	PHP00	X	
PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY	71404	X	X
PROVIDENT LIFE AND ACCIDENT INS	68195	X	X
PRUDENTIAL (ALL PLANS)	60054	X	X
PUGET SOUND BENEFITS TRUST Group # required	91136	X	X
PUGET SOUND ELECTRICAL WORKERS Group # required	91136	X	X
QUADMED (WEST ALLIS, WI)	39197	X	X
QUAL CHOICE OF ARKANSAS Please call Customer Service to verify Provider ID (800)235-7111.	35174	X	X
QUAL CHOICE OF NORTH CAROLINA	35172	X	
QUAL CHOICE OF VIRGINIA	35171	X	X
QUALCARE, INC	23342	X	X
QUAL-MED COLORADO EPO CO	QMDCE	X	
QUAL-MED NEW MEXICO NM	QUANM	X	X
QUAL-MED PORTLAND (PO) OR	QMDPO	X	
QUINCY HEALTH CARE MANAGEMENT INC	37129	X	X
RAILROAD MEDICARE Receiver Type 'C'. Call Technical Support for enrollment 866-749-4301	00882	X	
RANDMARK, INC	61101	X	X
RBMS	91176	X	X
REGENCY EMPLOYEE BENEFITS	38221	X	X
REGIONAL CARE INC	47076	X	X
RESOLVE HEALTH PLAN ADMINISTRATORS All claims must have Prior Authorization Number beginning with '5' and must be 13 characters in length.	20481	X	X
RESURRECTION PHYSICIAN PROVIDERS GROUP	RPPG1	X	X
REUNION INDUSTRIES	CHAT1	X	X
RIO GRANDE HMO	84980	X	X
RIVER QUEST NETWORK INC	37129	X	X
ROCKY MOUNTAIN HEALTH PLAN	84065		X
RUSH HEALTH ASSOCIATION Please call Chicago Health System at 708-783-7100 prior to initially submitting electronic claims to payer.	36339	X	X
RUSH PRUDENTIAL	60054	X	X
RUSH PRUDENTIAL HMO	36389	X	X
RWDSU BENEFIT FUND	63070	X	X
RYDER SERVICES INC WORKER COMP	WK009	X	X
S & S HEALTHCARE STRATEGIES	31441	X	
SAGAMORE HEALTH NETWORK	35164	X	X
SAMBA	62308	X	X
SANDIA TRIPLE OPTIONAL PLUS	60054	X	
<b>SANFORD HEALTH PLAN</b>	<b>91184</b>	<b>X</b>	<b>X</b>

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SANTA BARBARA COTTAGE HOSPITAL	35182	X	X
SANUS- HMO/PPO ST LOUIS	63665	X	X
SCHC TOTAL CARE	16146	X	
SCOTT & WHITE HEALTHCARE 5 digit Scott/White ID must be in 2310B/REF02 if rendering provider is different. Contact 254-298-3195 to obtain ID.	88030	X	X
SEABURY & SMITH (Also know as Marsh Advantage America)	13310	X	X
SECURE HEALTH PLANS OF GEORGIA, LLC	28530	X	X
SECURITY HEALTH PLAN	39045	X	X
SELECT ADMINISTRATIVE SERVICES (SAS)	64088	X	X
SELECT BENEFIT ADMINISTRATORS OF AMERICA (ASHLAND, WI)	37282	X	X
SELECT BENEFIT ADMINISTRATORS Des Moines, IA	42137	X	X
SELECT BENEFIT ADMINISTRATORS INC	93031	X	X
SELECT HEALTH OF SOUTH CAROLINA	23285	X	X
SELECTCARE	00014	X	X
SELECTCARE OF OKLAHOMA	SCOK1	X	X
SELECTCARE OF TX (BEAUMONT)	GTPA1	X	X
SELECTCARE OF TX (HOUSTON)	HPN11	X	X
SELECTCARE OF TX (INTEGRANET)	INET1		X
SELECTCARE OF TX (KELSEY-SEYBOLD)	KLSY1	X	X
SELF INSURED BENEFIT ADMINISTRATORS Payer ID valid only for claims with a submission address of 18167 US highway 19 North, Suite 300, Clearwater, FL 33764.	59111	X	X
SELF INSURED PLANS	36404	X	X
SELF-FUNDED PLANS (OH)	34131	X	X
SENIOR WHOLE HEALTH	83035	X	X
SENTARA HEALTH MANAGEMENT	54154	X	X
SENTINEL MANAGEMENT SERVICES	23249	X	
SENTRY INSURANCE Claims must have the Sentry Insurance Group and Subscriber Numbers. To verify you are using the correct number, you may contact Sentry's Customer Service Department at 800-426-7234.	39033	X	X
SETON EMPLOYEE PLAN	SHEBP	X	X
SETON HEALTH PLAN - EXCLUSIVE PROVIDER NETWORK	EPNSH	X	X
SETON HEALTH PLAN - MAP PROGRAM	SHMAP	X	X
SETON HEALTH PLAN (CHIP) TX	SHPCH	X	X
SHASTA ADMINISTRATIVE SERVICES	75280	X	X
SHEFFIELD, OLSON & MCQUEEN INC Payer ID valid only for claims with a submission address of 2145 Ford Pkwy, #300, St Paul, MN 55116	41143	X	X
SIERRA HEALTH SERVICES (CLAIMS)	76342	X	X
SIERRA HEALTH SERVICES (ENCOUNTERS)	76343	X	
SIGNATURE HEALTH ALLIANCE	62159	X	
SILVER CROSS MANAGED CARE ORGANIZATION	NASCR	X	X
SINCLAIR HEALTH PLAN	84076	X	X
<b>SLOAN'S LAKE MANAGED CARE was 84096</b> <b>Insured's policy group field must include the letters 'SLMC' and Sloan's Lake's</b> <b>internal group number. The insured's policy number or carrier group number</b> <b>should preface the Sloan's Lake internal group number and be separated by</b> <b>the letters 'SLMC'.</b>	<b>60054</b>	<b>X</b>	<b>X</b>
SMITH ADMINISTRATORS	02057	X	X
SOONER HEALTH NETWORK (WISCONSIN)	81400	X	
SOUTH CENTRAL PREFERRED	23266	X	X
SOUTHCARE/HEALTHCARE PREFERRED	25147	X	X
SOUTHEAST TEXAS GOVERNMENT EMPLOYEE BENEFITS	STGEB	X	
SOUTHERN BENEFIT SERVICES LLC	37318	X	X
SOUTHERN DESERT HEALTH (WISCONSIN)	81400	X	
SOUTHERN GROUP ADMINISTRATORS	56131	X	X

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OTHER COMMERCIAL PAYERS			
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<b>SOUTHERN HEALTH SERVICES</b> was 25128	25133	X	X
SOUTHWEST SERVICE LIFE	37266	X	X
SOUTHWESTERN BELL (MEDICAL)	60054	X	X
SPECIAL RISK INTERNATIONAL	52190	X	X
ST BARNABAS SYSTEM HEALTH PLAN	22240	X	X
ST JOHN'S CLAIMS ADMINISTRATION	37264	X	X
ST MARYS HEALTH PLAN	88029	X	X
ST THERESE PHYSICIAN ASSOC	37116	X	X
ST THOMAS MEDICAL NETWORK (GULFQUEST)	STM01	X	
STAR HRG Payer ID valid only if the address on the Health ID Card matches one of the following PO Boxes: 55270, 30870, 30888, 54150, 33069, 55400, Phoenix AZ 85270-5270.	59225	X	X
STATE EMPLOYEES GROUP BENEFITS - LOUISIANA	72087	X	X
STATE FARM Payer requires Insured ID of 11 or 12 characters in length. If 11 characters, position 1 through 9 are numeric; positions 10 & 11 must contain a '03' or '04'. If 12 characters, position 1 must be a value of 'C' or 'H'; position 2 must be alphanumeric; and position 3 thru 12 must be numeric 'only'. Insured ID should be included in 2010BA/NM109.	31053	X	X
STAYWELL	14163	X	
STERLING OPTION 1	91151	X	X
STIRLING BENEFITS (STIRLING & STIRLING)	06089	X	
STONER AND ASSOCIATES Payer ID valid only for claims with a submission address of 205 West Fourth Street, #225, Cincinnati, OH 45202	31121	X	X
STUDENT INSURANCE DIVISION	74227	X	
SUBURBAN HEALTH ORGANIZATION	35199		X
SUFFOLK HEALTH PLAN OF NEW YORK	88331	X	X
SUMMACARE HEALTH PLAN	95202	X	X
SUMMIT AMERICA INSURANCE SERVICES	37301	X	X
SUN TRUST BANK	60054	X	X
SUNAMERICA LIFE INSURANCE COMPANY	90956	X	
SUNSHINE STATE HEALTH PLAN	68057	X	X
SUPERIOR BENEFITS	23218	X	X
SUPERIOR HEALTH PLAN Contact 800-225-2573 Ext. 25550 to enroll in EDI.	SHP11	X	X
SUTTER EAST BAY MEDICAL FOUNDATION	94269	X	
SWEDISH COVENANT MANAGED CARE	NASWD	X	X
SYNERTECH HEALTH SYSTEMS SOLUTIONS (STERLING OPTION 1)	91151	X	X
SYRACUSE COMMUNITY HEALTH CENTER (SCHC)	16146	X	
TALL TREES ADMINISTRATORS	88067	X	X
TARRANT HEALTH SERVICES	37228	X	
TBG ADMINISTRATIVE SERVICES	39157	X	X
TEAM CHOICE - ALPHA CARE GOLD	ADSL1	X	X
TEAM CHOICE - PNS	75261	X	X
TEAM CHOICE - UMC	75261	X	X
TEAM CHOICE GOLD	75261	X	X
TEAMCARE	36215	X	X
TEAMSTERS LOCAL UNION #301	36612	X	X
TEXAN PLUS (BEAUMONT)	GTPA1	X	X
TEXAN PLUS (HOUSTON)	HPN11	X	X
TEXAN PLUS (INTEGRANET)	INET1	X	X
TEXAN PLUS (KELSEY-SEYBOLD)	KLSY1	X	X
TEXAS CHILDRENS HEALTH PLAN	76048	X	X
TEXAS CHILDRENS HEALTH PLAN STAR	TXCSM	X	
TEXAS FIRST HEALTH PLANS	TX1ST	X	X
TEXAS FIRST HEALTH PLANS	TOPA1	X	X
TEXAS MUNICIPAL LEAGUE GROUP TX	74214	X	X
TEXAS TRUE CHOICE	TTCEC	X	X

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THE BOON GROUP	BOONG	X	X
THE CITY OF ODESSA	75600	X	X
THE EPOCH GROUP	28777	X	
THE FORD METER BOX COMPANY, INC	37305	X	X
THE HEALTH EXCHANGE - CERNER CORPORATION	20356	X	X
THE INTEGRITY BENEFIT NETWORK INC (MARRIETA, GA)	58200	X	X
THE LOOMIS COMPANY Please call Provider Relations at 610-374-4040, #2438 for procedures prior to submitting electronically.	23223	x	X
THE MEGA LIFE & HEALTH INS. CO	59221	X	X
THE PHYSICIANS ALLIANCE CORPORATION/SRRIPA	15749	X	
THE PREFERRED HEALTHCARE SYSTEM - PPO	04320	X	X
THE UNION LABOR LIFE INSURANCE COMPANY (KING OF PRUSSIA, PA)	13142	X	X
THERAPHYSICS	THERA	X	
THERAPHYSICS- COLORADO ONLY	COTHE	X	
THIRD PARTY CLAIMS MANAGEMENT	95266	X	X
TIME INSURANCE COMPANY	39065	X	X
TODAYS HEALTH	WITH1	X	X
TODAYS OPTION (AMERICAN PROGRESSIVE AND PYRAMID HEALTH) Payer ID changed from 48055	TOPTN	X	X
TONGASS TIMBER TRUST	92620	X	X
TOTAL CARE (NEW YORK)	TCARE	X	
TOTAL CAROLINA CARE	68056	X	X
TOTAL HEALTH CHOICE OF FLORIDA	38202	X	X
TOTAL HEALTHCARE INC	38201	X	X
TOUCHSTONE HEALTH/HEALTH NET SMART CHOICE	13402	X	X
TOWER LIFE INSURANCE	69493	X	X
TR PAUL, INC	37230	X	X
TRANSAMERICA	59222	X	
TRANSAMERICA ASSURANCE COMPANY Cancer - PO Box 36580, Louisville KY, 40233, Customer Service 866-242-2806.	TSAAC	X	X
TRANSAMERICA FINANCIAL LIFE INS CO Long Term Care only - PO Box 93019, Hurst TX, 76053. Call 866-745-3542 with claim questions.	TFLIC	X	X
TRANSAMERICA LIFE INS CO 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.	TLINS	X	X
TRANSAMERICA LIFE INS CO Long Term Care only - PO Box 93019, Hurst TX, 76053. Call 866-745-3542 with claim questions.	TLIN2	X	X
TRANSAMERICA LIFE INS CO Cancer, Heart Attack, hospitalization, 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.	TLIN3	X	X
TRANSAMERICA OCCIDENTAL LIFE INS CO Hospital Surgical, Major Medical, Special Accident - PO Box 34310, Louisville, KY 34310, Customer Service 800-315-5717	TOLIC	X	X
TRANSCHOICE - KEY BENEFIT	37284	X	X
TRANSWESTERN INSURANCE ADMIN, INC	TRAN1	X	
TRAVIS COUNTY HOSPITAL DISTRICT MAP	TCHD1	X	X
TRICARE NORTH Receiver Type F or H Contact 800-325-5920 to enroll. Provider Enrollment Form may be obtained from www.mytricare.com	38520	X	X
TRICARE SOUTH Receiver Type F or H Contact 800-325-5920 to enroll. Provider Enrollment Form may be obtained from www.mytricare.com	38250	x	X

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TRICARE WEST Receiver Type F or H Contact 800-325-5920 to enroll. Provider Enrollment Form may be obtained from www.mytricare.com	WESTR	X	X
TRISURANT Payer name changed from Health Administrative Services	34185	X	X
TRUE CHOICE USA	TCUSA	X	X
TRUE CHOICE USA-CHRISTUS HEALTH PLAN	TCUCH	X	X
TRUSTEED PLANS SERVICE CORPORATION	91078		X
TRUSTMARK	61425	X	X
TTPA CHIP	76055	X	X
TTPA COMM	76054	X	X
UBH-RIOS Group number must be entered on claim.	87726	X	
UC CARE (UNIVERSITY OF CA)	60054	X	X
UICI-ADMINISTRATORS	75240	X	
UICI-ADMINISTRATORS - ST OF NEVADA NV Payer ID changed from 75245	74223	X	X
UMWA HEALTH & RETIREMENT FUNDS	52180	X	X
UNICARE - MAJOR ACCOUNTS License # required (not UPIN #) 877-210-4083	80314	X	X
UNICARE - SPECIAL ACCOUNTS License # required (not UPIN #) 877-210-4083	80314	X	X
UNICARE INDIVIDUAL - SMALL GROUP License # required (not UPIN #) 877-210-4083	80314	X	X
UNIFIED HEALTH SERVICES	62170	X	X
UNIFORM MEDICAL PLAN/HARRINGTON	75243	X	X
UNION PACIFIC RAILROAD EMPLOYEES	87042	X	
UNISON HEALTH PLAN Loop 2310B/REF02 must be 12 characters in length and begin with '00'.	25175	X	X
UNITED BEHAVIORAL HEALTH Sixteen (16) digit ID and IS HMO business or 9 digit ID with MTH on card. Call 800-557-5745 if questions.	87726	X	
UNITED BEHAVIORAL HEALTH - EMPLOYER DIVISION Nine (9) digit ID, Not HMO or PPO business. Call 800-557-5745 if questions.	UBHRI	X	
UNITED HEALTHCARE OF FLORIDA	87726	X	X
UNITED HEALTHCARE OVATIONS (AARP)	36273	X	X
UNITED MEDICAL RESOURCES Some of United Medical Resources new member cards no longer print the full 9-digit SSN on the card. The new card's form is displayed XXX-XX-1234. However, when submitting electronically, the full numeric SSN must be entered.	31107	X	X
UNITED OF OMAHA	71412	X	X
UNITED PHYSICIANS OF N. COLORADO CO	84132	X	
UNITED RESOURCE GROUP	41194	X	X
UNITED SECURITY LIFE & HEALTH	36362	X	X
UNITEDHEALTHCARE	87726	X	X
UNITY/PRECISION HEALTH PLANS	81400	X	
UNIVERA HEALTHCARE	HC001	X	
UNIVERSAL CARE - CALIFORNIA	33001	X	X
UNIVERSAL HEALTH CARE INC (ST PETERSBURG, FL)	50528	X	X
UNIVERSITY FAMILY CARE - MARICOPA HEALTH PLAN	09908	X	
UNIVERSITY HEALTH PLAN OF NJ Payer ID changed from 59000. Enrollment required. Please call 800-225-2573, x25525, prior to submitting claims.	22329	X	X
UNIVERSITY OF WASHINGTON STUDENTS & GRADUATE APPTS (Please include Group Number when submitting claims.)	91136	X	X
UPMC HEALTH PLAN	23281	X	X
UPPER PENINSULA HEALTH PLAN	38337	X	X
US BENEFITS	93092	X	X

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US FAMILY HEALTH PLAN (USFHP) - TEXAS AND LOUISIANA Please contact the USFHP Provider Relations Department at 713-683-2018 to enroll as an EDI Submitter for professional claims.	USFHP	X	X
US/HEALTHCARE (HMO)	23222	X	X
USAA (UNITED STATES AUTOMOBILE ASSOC(	74095	X	X
USFHP - ST VINCENT CATHOLIC MEDICAL CENTER	13407	X	X
UTMB - CHOICEONE CHIP TX	UHSC	X	X
VA FEE BASIS PROGRAMS	12115	X	X
<b>VA FINANCIAL SERVICES CENTER</b>	<b>VAFSC</b>	<b>X</b>	<b>X</b>
VALLEY BAPTIST HEALTH PLAN	94999	X	X
VANTAGE HEALTH PLAN, INC.	72128	X	
VARIAN HEALTH CARE PLAN	60054	X	X
VERITY NATIONAL GROUP INC	GASA1	X	X
VHP COMMUNITY CARE	23173	X	X
VISION CARE INCORPORATED	37297	X	
VISTA	M3FL2	X	
VISTA HEALTH PLAN	55248	X	X
VISTA HEALTH PLAN	95114	X	X
VIVA HEALTH PLAN A complete member ID number is required, including suffix, on all claim submissions. Please use the following site to verify member information: <a href="https://estepp.cschcg.com/TRI_provider/login.jsp">https://estepp.cschcg.com/TRI_provider/login.jsp</a>	63114	X	
VYTRA HEALTHCARE Rendering provider ID assigned by payer required on claim. Call provider service line 631-420-4100, #4.	22264	X	X
W.C. BEELER & COMPANY	62111	X	
WABASH MEMORIAL HOSPITAL ASSOCIATION	85256	X	X
WAL-MART (Blue Card Carriers) Receiver Type 'G'. Patients have an 'MRT' prefix before their ID #.	84980	X	X
WAL-MART TEXAS WORKER COMP	WK001	X	X
WASHINGTON EMPLOYERS TRUST	37294	X	X
WATERSTONE BENEFIT ADMINISTRATORS	73155	X	X
WAUSAU BENEFITS INC	39026	X	X
WEB TPA	75261	X	X
WEISS HEALTH PROVIDERS Please call Chicago Health System at 708-783-7100 prior to initially submitting electronic claims to payer.	36337	X	
WELL PATH OF CAROLINA	25129	X	X
WELLCARE CHOICE	M3FL4	X	
WELLCARE CT	14163	X	X
WELLCARE HEALTH PLAN INC (ENCOUNTERS)	59354	X	X
WELLCARE HMO FL Please note that all claims submitted require a 5-9 character Rendering Provider Network ID	14163	X	X
WELLCARE OF GEORGIA	14163	X	X
WELLCARE PPFS	77072	X	X
WELLMED (CLAIMS)	WELM2	X	X
WELLMED (ENCOUNTERS)	WELMD	X	
WELLMED/SECURE HORIZONS Payer ID only applies to WelMed Medical Management Members.	WELM2	X	
WEST BENEFIT PLAN OFFICE	22925	X	X
WEST COAST STATIONARY ENGINEERS (Please include Group Number when submitting claims.)	91136	X	X
WESTERN CARE	70408	X	X
WESTERN GROWER'S INS. CO.	24735	X	X
WESTERN HEALTH INC	37306		X
WESTERN MUTUAL INSURANCE	37247	X	X
WESTERN SOUTHERN FINANCIAL GROUP (CINCINNATI, OH) Payer ID valid only for claims with a submission address of Benefit Department, PO Box 5735, Cincinnati, OH 45201-5735.	31048	X	X

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WEYCO	38232	X	X
WILLIAM C EARHART CO INC	93050	X	
WILLIAM J SUTTON & COMPANY	98010	X	X
WILLIAMS & COUNTY MAP	WCMAP	X	X
WINHEALTH PARTNERS WY	WNHLT	X	
WISCONSIN AUTO & TRUCK DEALERS INSURANCE PLAN	39200	X	X
WISCONSIN COMMERCIAL	WPS01	X	
WISCONSIN EMPLOYERS GROUP WI	61101	X	X
WOODMAN ACCIDENT AND LIFE COMPANY	81949	X	
WORKERS' COMPENSATION	TWCCP	X	
WORKSITE BENEFIT SERVICES LLC Payer ID valid only for claims with a submission address of PO Box 707, Tifton, GA 31793.	20333	X	X
WORLD INSURANCE COMPANY	75276	X	X
WPS PREVEA HEALTH PLAN	10159	X	X
<b>WRITERS GUILD was 52133</b>	<b>25133</b>	<b>X</b>	<b>X</b>
WRITERS' GUILD INDUSTRY HEALTH PLAN	23710	X	X
XANTUS HEALTHPLAN OF TENNESSEE	62153	X	X
YALE NEW HAVEN HEALTH MSO INC	06121	X	X
YOUNG LIFE	75285	X	