



**Intelligent EDI (iEDI) Claims Payer List for Legacy Emdeon (OKC) Submitters**

| Enrollment Key |                                                                                                                             |
|----------------|-----------------------------------------------------------------------------------------------------------------------------|
| Y              | You must re-enroll with this payer.                                                                                         |
| Y*             | If you were previously enrolled with this payer through Legacy Emdeon (OKC), you do not have to re-enroll to submit claims. |
| N              | Enrollment is not required.                                                                                                 |

| Payer Name                                                                               | Payer ID | Professional |            | Institutional |            | Dental    |            |
|------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                          |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| (UCS) Masonry Industry Trust                                                             | 60230    | Y            | N          |               |            |           |            |
| 1199 SEIU National Benefit Fund                                                          | 13162    | Y            | N          | Y             | N          |           |            |
| 2020 Eye Care                                                                            | 2020E    | Y            | N          | Y             | N          |           |            |
| 21st Century Insurance and Financial Services                                            | 51028    | Y            | N          |               |            |           |            |
| 3P ADMIN                                                                                 | 20413    | Y            | N          | Y             | N          |           |            |
| 6 DEGREES HEALTH INCORPORATED                                                            | 20446    | Y            | N          | Y             | N          |           |            |
| 8th Distric Electrical                                                                   | 74234    | Y            | N          | Y             | N          |           |            |
| A.G. Administrators                                                                      | 11370    | Y            | N          | Y             | N          |           |            |
| ABMG                                                                                     | A0701    | Y            | N          |               |            |           |            |
| Abrazo Advantage Health Plan                                                             | 03443    | Y            | N          | Y             | N          |           |            |
| Abri Healthplan                                                                          | ABRI1    | Y            | N          | Y             | N          |           |            |
| Access Administrators                                                                    | 12T33    |              |            | Y             | N          |           |            |
| Access Administrators                                                                    | AHS01    | Y            | N          | Y             | N          |           |            |
| Access Administrators                                                                    | TH067    | Y            | N          |               |            |           |            |
| Access Behavioral Care                                                                   | COACC    | Y            | N          | Y             | N          |           |            |
| Access Medical Group                                                                     | AMG02    | Y            | N          | Y             | N          |           |            |
| ACCLAIM                                                                                  | 64071    | Y            | N          | Y             | N          |           |            |
| Accountable HC IPA (Customer Service (562) 435-3333 for claims with DOS prior to 5 1 15) | AHIPA    | Y            | N          |               |            |           |            |
| Accountable Healthcare IPA                                                               | MPM23    | Y            | N          |               |            |           |            |
| ACS Benefits Payer Compass                                                               | PA331    | Y            | N          | Y             | N          |           |            |
| Activa Benefits Services LLC                                                             | 38254    | Y            | N          | Y             | N          |           |            |
| ActivHealthcare                                                                          | AHC01    | Y            | N          |               |            |           |            |
| Adminstrative Concepts Inc.                                                              | 22384    | Y            | N          | Y             | N          |           |            |
| ADN Administrators                                                                       | CXADN    |              |            |               |            | Y         | N          |
| Adv Benefit Mgmt Systems USA                                                             | 66457    | Y            | N          |               |            |           |            |
| Advantage Care IPA                                                                       | ACIPA    | Y            | N          |               |            |           |            |
| Advantage Health Solutions Inc.                                                          | 35209    | Y            | N          | Y             | N          |           |            |
| Advantica Benefits                                                                       | 47395    | Y            | N          | Y             | N          |           |            |
| Advantica Benefits                                                                       | 59374    | Y            | N          | Y             | N          |           |            |
| Advanzeon Solutions                                                                      | 59314    | Y            | N          |               |            |           |            |
| AdventHealth Advantage Plans                                                             | RP039    | Y            | N          | Y             | N          |           |            |
| AdventHealth Transplant Institute                                                        | RP090    | Y            | N          |               |            |           |            |

| Payer Name                                                                                                                                            | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                                       |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Adventist Health System                                                                                                                               | 95340    | Y            | N          | Y             | N          |           |            |
| Advisory Health Administrators                                                                                                                        | CB159    | Y            | N          | Y             | N          |           |            |
| Advocate Health Centers (AHC)                                                                                                                         | 36320    | Y            | N          | Y             | N          |           |            |
| Advocate Health Partners (PHO)                                                                                                                        | 65093    | Y            | N          | Y             | N          |           |            |
| AEGIS ADMINISTRATIVE SERVICES                                                                                                                         | BC637    | Y            | N          | Y             | N          |           |            |
| Aegis Administrative Services                                                                                                                         | CB637    | Y            | N          | Y             | N          |           |            |
| Aetna Affordable Health Choices (SM) - SRC                                                                                                            | 57604    | Y            | N          | Y             | N          | Y         | N          |
| Aetna Beber Health CA                                                                                                                                 | 128CA    | Y            | N          | Y             | N          |           |            |
| Aetna Better Health Kansas                                                                                                                            | 128KS    | Y            | N          | Y             | N          |           |            |
| Aetna Better Health Kansas (Skygen USA                                                                                                                | SCION    |              |            |               |            | Y         | N          |
| Aetna Better Health Maryland                                                                                                                          | 128MD    | Y            | N          | Y             | N          |           |            |
| Aetna Better Health Nevada                                                                                                                            | 128NV    | Y            | N          | Y             | N          |           |            |
| Aetna Better Health NY                                                                                                                                | 34734    | Y            | N          | Y             | N          |           |            |
| Aetna Better Health of Illinois Inc                                                                                                                   | 68024    | Y            | N          | Y             | N          |           |            |
| Aetna Better Health of Kentucky                                                                                                                       | 128KY    | Y            | N          | Y             | N          |           |            |
| Aetna Better Health of Louisiana                                                                                                                      | 128LA    | Y            | N          | Y             | N          |           |            |
| Aetna Better Health of Michigan                                                                                                                       | 128MI    | Y            | N          | Y             | N          |           |            |
| Aetna Better Health of New Jersey                                                                                                                     | 46320    | Y            | N          | Y             | N          |           |            |
| Aetna Better Health of Ohio                                                                                                                           | 50023    | Y            | N          | Y             | N          |           |            |
| Aetna Better Health of Virginia                                                                                                                       | 128VA    | Y            | N          | Y             | N          |           |            |
| Aetna Better Health of West Virginia                                                                                                                  | 128WV    | Y            | N          | Y             | N          | Y         | N          |
| Aetna Health Plan - PPO                                                                                                                               | 60054    | Y            | N          | Y             | N          | Y         | N          |
| Aetna Medicare EPO PPO Dental                                                                                                                         | 18014    |              |            |               |            | Y         | N          |
| Aetna OHIORISE                                                                                                                                        | 45221    | Y            | N          | Y             | N          |           |            |
| Affiliated Doctors of Orange County                                                                                                                   | ADOCS    | Y            | N          | Y             | N          |           |            |
| Affiliated Doctors of Orange County (ADOC)                                                                                                            | 27344    | Y            | N          |               |            |           |            |
| Affiliated Partners IPA                                                                                                                               | POP09    | Y            | N          |               |            |           |            |
| Affiliated Physicians Group                                                                                                                           | M3CA1    |              |            | Y             | N          |           |            |
| Affiliated Physicians IPA                                                                                                                             | POP06    | Y            | N          |               |            |           |            |
| Affinity Essentials                                                                                                                                   | 23334    | Y            | N          | Y             | N          |           |            |
| Affinity Health Plans (Contact Affinity EDI Coordinator before submitting claims electronically at EDI Affinityplan.org or call 718-794-7592.)        | 13334    | Y            | N          | Y             | N          |           |            |
| AFFINITY MEDICAL GROUP                                                                                                                                | 46594    | Y            | N          |               |            |           |            |
| Affordable Benefit Administrators Inc. (Claims with the following address should only be sent to this payerID ABA PO BOX 10787 Burbank CA 91510-0787) | 95426    | Y            | N          |               |            |           |            |
| Ageright Advantage                                                                                                                                    | ARA01    | Y            | N          | Y             | N          |           |            |
| Agewell of New York                                                                                                                                   | AWNY6    | Y            | N          | Y             | N          |           |            |
| AGIA Inc (Claims are printed and mailed to the payer.)                                                                                                | 95241    |              |            | Y             | N          |           |            |
| Agua Caliente                                                                                                                                         | AGUA1    | Y            | N          |               |            |           |            |
| AHF RW                                                                                                                                                | 95433    | Y            | N          | Y             | N          | Y         | N          |
| AHPO (Cleveland OH)                                                                                                                                   | 31138    | Y            | N          | Y             | N          |           |            |
| AIDS Healthcare Foundation                                                                                                                            | 95422    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                                                                     | Payer ID | Professional |            | Institutional |            | Dental    |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                                                |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| AIG Chartis                                                                                                                                                    | 19402    | Y            | N          | Y             | N          |           |            |
| AIG Educational Markets (Formerly Maksin Management Corporation)                                                                                               | 22195    | Y            | N          | Y             | N          |           |            |
| Aither Health                                                                                                                                                  | 64884    | Y            | N          | Y             | N          |           |            |
| AKM Medical Group                                                                                                                                              | IP080    | Y            | N          |               |            |           |            |
| Alabama Medicare                                                                                                                                               | SMAL0    | Y            | Y*         |               |            |           |            |
| Alameda Alliance for Health (Provider must contact payer to be approved. Contact at Alameda is Anet Quiambao at 510-747-6153 or aquiambao alamedaalliance.com) | 95327    | Y            | Y          | Y             | Y          |           |            |
| Alamitos IPA (Customer Service 562-602-1563)                                                                                                                   | AIPAZ    | Y            | N          |               |            |           |            |
| Alaska Medicare                                                                                                                                                | SMAK0    | Y            | Y*         |               |            |           |            |
| Albuquerque Public Schools                                                                                                                                     | 85600    | Y            | N          | Y             | N          |           |            |
| Albuquerque Public Schools                                                                                                                                     | PA091    | Y            | N          | Y             | N          |           |            |
| ALIGN SENIOR CARE (FLORIDA)                                                                                                                                    | ASFL1    | Y            | N          | Y             | N          |           |            |
| ALIGN SENIOR CARE CALIFORNIA                                                                                                                                   | ASCA1    | Y            | N          | Y             | N          |           |            |
| ALIGN SENIOR CARE MICHIGAN                                                                                                                                     | ASMI1    | Y            | N          | Y             | N          |           |            |
| ALIGN SENIOR CARE VIRGINIA                                                                                                                                     | ASVA1    | Y            | N          | Y             | N          |           |            |
| Alignment Health Care                                                                                                                                          | AHCA1    | Y            | N          | Y             | N          |           |            |
| Alignment Healthcare                                                                                                                                           | CCHPC    | Y            | N          | Y             | N          |           |            |
| Alivi Health                                                                                                                                                   | ALIVI    | Y            | N          |               |            |           |            |
| Alivi Therapy Network                                                                                                                                          | ATNET    | Y            | N          |               |            |           |            |
| All Savers Insurance UnitedHealthcare                                                                                                                          | 81400    | Y            | N          | Y             | N          |           |            |
| AllCare                                                                                                                                                        | AC101    | Y            | N          |               |            |           |            |
| ALLCARE PACE                                                                                                                                                   | ACPCE    | Y            | N          | Y             | N          |           |            |
| AllCare PEBB                                                                                                                                                   | 26158    | Y            | N          | Y             | N          |           |            |
| Allegiance Benefit Plan Management Inc.                                                                                                                        | 81040    | Y            | N          | Y             | N          |           |            |
| Alliance Behav Hlth                                                                                                                                            | 23071    | Y            | N          |               |            |           |            |
| Alliance Coal Health Plan                                                                                                                                      | 93658    | Y            | N          | Y             | N          |           |            |
| Alliance Physicians High Desert                                                                                                                                | 22417    | Y            | N          | Y             | N          |           |            |
| Allied Benefit Systems                                                                                                                                         | 37308    | Y            | N          | Y             | N          | Y         | N          |
| ALLINA HEALTH AETNA                                                                                                                                            | 54398    | Y            | N          | Y             | N          |           |            |
| AlohaCare                                                                                                                                                      | ALOHA    | Y            | Y          | Y             | Y          |           |            |
| Alpha Care Medical Group NMM                                                                                                                                   | NMM04    | Y            | N          |               |            |           |            |
| AlphaCare                                                                                                                                                      | ALPHA    | Y            | N          |               |            |           |            |
| Alphacare Medical Group                                                                                                                                        | MPM32    | Y            | N          | Y             | N          |           |            |
| AltaMed                                                                                                                                                        | ALTAM    | Y            | N          | Y             | N          |           |            |
| Alternative Opportunities                                                                                                                                      | 16089    | Y            | N          | Y             | N          |           |            |
| Alterwood Advantage                                                                                                                                            | RP016    | Y            | N          | Y             | N          |           |            |
| Always Care Benefits                                                                                                                                           | STR01    |              |            |               |            | Y         | N          |
| AMA Insurance Agency                                                                                                                                           | AMAIA    |              |            | Y             | N          |           |            |
| Amalgamated Transit Union Division 1001 Health & Welfare Fund                                                                                                  | COMPU    | Y            | N          |               |            |           |            |
| AMC PLUS                                                                                                                                                       | A2740    | Y            | N          | Y             | N          |           |            |
| Amer Chiro Net IPA NY                                                                                                                                          | 41160    | Y            | N          |               |            |           |            |

| Payer Name                                                                  | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-----------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                             |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Ameriben - IEC Group                                                        | 97661    | Y            | N          | Y             | N          |           |            |
| Ameriben Solutions                                                          | 75137    | Y            | N          | Y             | N          |           |            |
| Americaid Community Care (Houston)                                          | 27515    | Y            | N          | Y             | N          |           |            |
| Americaid Community Care (Maryland)                                         | 27517    | Y            | N          | Y             | N          |           |            |
| Americaid Community Care (New Jersey)                                       | 27516    | Y            | N          | Y             | N          |           |            |
| American Administrative Group - AAG (Formerly known as UICI Administrators) | 75240    | Y            | N          | Y             | N          |           |            |
| American Administrative Group (formerly Gallagher Benefit)                  | 37283    | Y            | N          | Y             | N          | Y         | N          |
| American Chiro                                                              | ACN01    | Y            | N          |               |            |           |            |
| American Family                                                             | 12T31    |              |            | Y             | N          |           |            |
| American Family (administered by American Republic)                         | 56071    | Y            | N          | Y             | N          |           |            |
| American Family Insurance                                                   | TH095    | Y            | N          |               |            |           |            |
| American Fidelity Assurance Company                                         | 60801    | Y            | N          | Y             | N          |           |            |
| American General                                                            | 62030    | Y            | N          | Y             | N          |           |            |
| American Health Advantage of Utah                                           | 31145    | Y            | Y          | Y             | Y          |           |            |
| American Health Advantage Texas                                             | 31155    | Y            | N          | Y             | N          |           |            |
| American Insurance Company of TX                                            | 81949    | Y            | N          |               |            |           |            |
| American Plan Administrators                                                | 95606    | Y            | N          | Y             | N          |           |            |
| American Republic Insurance Company                                         | 42011    | Y            | N          | Y             | N          |           |            |
| American Specialty Health                                                   | 43146    | Y            | N          |               |            |           |            |
| American Specialty Health                                                   | ASH01    | Y            | N          |               |            |           |            |
| American Therapy Administrators ATA Wisconsin                               | ATHAL    | Y            | N          |               |            |           |            |
| Americas 1st Choice Health Plans of South Carolina                          | 20553    | Y            | N          | Y             | N          |           |            |
| Americas 1st Choice of South Carolina Inc.                                  | 55349    | Y            | N          | Y             | N          |           |            |
| America's Choice                                                            | 20029    | Y            | N          | Y             | N          |           |            |
| America's Health Choice                                                     | 21810    | Y            | N          | Y             | N          |           |            |
| America's PPO America's TPA                                                 | 41178    | Y            | N          | Y             | N          |           |            |
| Amerigroup                                                                  | 27519    | Y            | N          |               |            |           |            |
| Amerigroup - Illinois                                                       | 28804    | Y            | N          | Y             | N          |           |            |
| Amerigroup - Maryland and District of Columbia                              | 28807    | Y            | N          |               |            |           |            |
| Amerigroup - New Jersey                                                     | 28806    | Y            | N          |               |            |           |            |
| Amerigroup - Wellpoint                                                      | WLPNT    | Y            | N          | Y             | N          |           |            |
| Amerigroup / Americaid - Houston                                            | 28805    | Y            | N          |               |            |           |            |
| Amerigroup Illinois (Claims and Encounters)                                 | 27518    | Y            | N          | Y             | N          |           |            |
| Amerigroup Multiple States (Claims and Encounters)                          | 26378    | Y            | N          | Y             | N          |           |            |
| Amerigroup of Florida                                                       | 28809    | Y            | N          |               |            |           |            |
| AmeriHealth - New Jersey (Non-HMO Claims)                                   | SX075    | Y            | Y          |               |            |           |            |
| AmeriHealth Administrators                                                  | 54763    | Y            | Y          | Y             | Y          |           |            |
| AmeriHealth Caritas HP NH                                                   | 87716    | Y            | N          | Y             | N          |           |            |
| AmeriHealth Caritas Louisiana (Formerly known as LA Care)                   | 27357    | Y            | N          | Y             | N          |           |            |
| AmeriHealth Caritas Next DE                                                 | 47073    | Y            | N          | Y             | N          |           |            |
| AmeriHealth Caritas Next Florida                                            | 45408    | Y            | N          | Y             | N          |           |            |
| AmeriHealth Caritas Next NC                                                 | 83148    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                      | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-----------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                 |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Amerihealth Caritas North Carolina                                                                              | 81671    | Y            | N          | Y             | N          |           |            |
| AmeriHealth Caritas Ohio                                                                                        | 84243    | Y            | N          | Y             | N          |           |            |
| AmeriHealth Caritas Ohio, Inc                                                                                   | 35374    | Y            | N          | Y             | N          |           |            |
| AmeriHealth Caritas Ohio, Inc                                                                                   | 21920    | Y            | N          |               |            |           |            |
| AmeriHealth Caritas VIP Care                                                                                    | 77062    | Y            | N          | Y             | N          |           |            |
| Amerihealth Caritas VIP Care -Delaware DSNP                                                                     | 87406    | Y            | N          | Y             | N          |           |            |
| Amerihealth Caritas VIP Care -Florida DSNP                                                                      | 88232    | Y            | N          | Y             | N          |           |            |
| AmeriHealth Caritas VIP Care Plus (Michigan)                                                                    | 77013    | Y            | N          | Y             | N          |           |            |
| Amerihealth Delaware                                                                                            | 77799    | Y            | N          | Y             | N          |           |            |
| Amerihealth District of Columbia (For EDI Support please email edi.dc@amerihealthdc.com or call 1-888-656-2383) | 77002    | Y            | N          | Y             | N          |           |            |
| AmeriHealth HMO New Jersey and Delaware                                                                         | 23037    | Y            | Y          | Y             | Y          |           |            |
| Amerihealth HMO NJ and Delaware                                                                                 | 95044    | Y            | Y          | Y             | Y          |           |            |
| AmeriHealth Mercy Health Plan                                                                                   | 22248    | Y            | N          | Y             | N          |           |            |
| AmeriHealth NorthEast                                                                                           | 77001    | Y            | N          | Y             | N          |           |            |
| Amerihealth PPO New Jersey                                                                                      | 12X28    |              |            | Y             | Y          |           |            |
| Amerikids-Dallas Ft. Worth                                                                                      | 26374    | Y            | N          | Y             | N          | Y         | N          |
| Amerivantage                                                                                                    | 26375    | Y            | N          | Y             | N          |           |            |
| Amtrust North America                                                                                           | J1868    | Y            | N          | Y             | N          |           |            |
| ANCHOR (CLAIMSBRIDGE)                                                                                           | IHS10    | Y            | N          | Y             | N          |           |            |
| Anchor Benefit Consulting                                                                                       | 53085    | Y            | N          | Y             | N          | Y         | N          |
| American Founders Life Ins Co (NFL Plans only)                                                                  | 98205    | Y            | N          |               |            |           |            |
| Angeles IPA (SynerMed)                                                                                          | 75299    | Y            | N          | Y             | N          |           |            |
| Angle Insurance Company of Utah                                                                                 | 39856    | Y            | N          | Y             | N          |           |            |
| ANTHEM - GA                                                                                                     | 00101    |              |            | Y             | N          |           |            |
| ANTHEM - GA                                                                                                     | 00601    | Y            | N          | Y             | N          |           |            |
| ANTHEM BCBS COLORADO                                                                                            | 00050    | Y            | N          | Y             | N          |           |            |
| Anthem BCBS Colorado HMO                                                                                        | 12B05    |              |            | Y             | N          |           |            |
| ANTHEM BCBS CONNECTICUT                                                                                         | 00060    | Y            | N          | Y             | N          |           |            |
| Anthem BCBS Indiana                                                                                             | 00130    |              |            | Y             | N          |           |            |
| Anthem BCBS Indiana                                                                                             | 00630    | Y            | N          |               |            |           |            |
| ANTHEM BCBS KENTUCKY                                                                                            | 00660    | Y            | N          |               |            |           |            |
| ANTHEM BCBS MAINE                                                                                               | 00180    |              |            | Y             | N          |           |            |
| ANTHEM BCBS MAINE                                                                                               | 00680    | Y            | N          |               |            |           |            |
| ANTHEM BCBS MISSOURI                                                                                            | 00241    | Y            | N          | Y             | N          |           |            |
| ANTHEM BCBS NEW HAMPSHIRE                                                                                       | 00270    |              |            | Y             | N          |           |            |
| ANTHEM BCBS OHIO                                                                                                | 00834    | Y            | N          | Y             | N          |           |            |
| Anthem BCBS Virginia                                                                                            | 00423    | Y            | N          | Y             | N          |           |            |
| ANTHEM BCBS WISCONSIN                                                                                           | 00950    | Y            | N          |               |            |           |            |
| Anthem Blue Cross and Blue Shield - Indiana                                                                     | SB630    | Y            | N          |               |            |           |            |
| Anthem Blue Cross and Blue Shield - Kentucky                                                                    | 12B11    |              |            | Y             | N          |           |            |
| Anthem Blue Cross and Blue Shield (Virginia)                                                                    | SB923    | Y            | N          |               |            |           |            |

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|-------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
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| Anthem Blue Cross and Blue Shield (Virginia)                                                    | SB924    | Y            | N          |               |            |           |            |
| Anthem Blue Cross and Blue Shield of Ohio                                                       | 12B24    |              |            | Y             | N          |           |            |
| Anthem Blue Cross and Blue Shield of Ohio                                                       | SB338    | Y            | N          |               |            |           |            |
| Anthem Blue Cross Blue Shield of Connecticut                                                    | SB560    | Y            | N          |               |            |           |            |
| Anthem Blue Cross Blue Shield of Indiana                                                        | 12B09    |              |            | Y             | N          |           |            |
| Anthem Blue Cross Blue Shield of Kentucky                                                       | SB660    | Y            | N          | Y             | N          |           |            |
| Anthem Blue Cross Blue Shield of Nevada                                                         | SB765    | Y            | N          |               |            |           |            |
| ANTHEM MAINE HEALTH                                                                             | 00958    | Y            | N          | Y             | N          |           |            |
| Anthem of Colorado                                                                              | COBLS    | Y            | N          |               |            |           |            |
| Anthem of Nevada                                                                                | NVBLS    | Y            | N          |               |            |           |            |
| Anthem OH                                                                                       | 00332    |              |            | Y             | N          |           |            |
| Anthem Ohio Medicaid                                                                            | 29370    | Y            | N          | Y             | N          |           |            |
| Anthem Ohio Medicaid Vision                                                                     | 2937V    | Y            | N          |               |            |           |            |
| Apex Benefit Services (Claims must contain the rendering provider ID or the claim will reject.) | 34196    | Y            | N          | Y             | N          |           |            |
| Apex Health                                                                                     | 83112    | Y            | N          | Y             | N          |           |            |
| APEX Healthcare                                                                                 | 51909    | Y            | N          |               |            |           |            |
| Apostrophe                                                                                      | 81312    | Y            | N          |               |            |           |            |
| APWU Health                                                                                     | 55544    |              |            | Y             | N          |           |            |
| ARAZ (Now known as America's PPO.)                                                              | 16120    | Y            | N          | Y             | N          |           |            |
| Arbor Health                                                                                    | 52312    | Y            | N          | Y             | N          |           |            |
| Arcadia Healthcare Solutions - NPA                                                              | 36364    | Y            | N          | Y             | N          |           |            |
| Arcadia Healthcare Solutions IPG                                                                | 11081    | Y            | N          | Y             | N          |           |            |
| Argus Dental and Vision                                                                         | ARGUS    | Y            | N          | Y             | N          |           |            |
| Arizona Medicare                                                                                | SMAZ0    | Y            | Y*         |               |            |           |            |
| Arizona Physicians IPA (APIPA) (UnitedHealthcare Community Plan)                                | 03432    | Y            | N          | Y             | N          |           |            |
| Arizona Priority Care Plus                                                                      | 27154    | Y            | N          | Y             | N          |           |            |
| Arkansas Best Corporation                                                                       | 62308    | Y            | N          | Y             | N          | Y         | N          |
| Arkansas Managed Care Organization (AMCO)                                                       | 62176    | Y            | N          |               |            |           |            |
| Arkansas Medicare                                                                               | SMAR0    | Y            | Y*         |               |            |           |            |
| Arnett Health Plan                                                                              | 95440    | Y            | N          | Y             | N          |           |            |
| Arta Health Network                                                                             | WMM01    | Y            | N          |               |            |           |            |
| ASCENSION BUNDLE PROGRAM                                                                        | ASN99    | Y            | N          | Y             | N          |           |            |
| ASCENSION LIVING PACE MICHIGAN                                                                  | R3458    | Y            | N          | Y             | N          |           |            |
| ASCENSION LIVING ST VINCENT PACE INCORPORATED                                                   | R3459    | Y            | N          | Y             | N          |           |            |
| Asian American Medical Group                                                                    | AAMG1    | Y            | N          | Y             | N          |           |            |
| Aspire Health Plan                                                                              | 46156    | Y            | N          | Y             | N          |           |            |
| Aspirus Medicare Advantage                                                                      | 36483    | Y            | N          | Y             | N          |           |            |
| ASRM                                                                                            | ASRM1    | Y            | N          | Y             | N          |           |            |
| ASSERTA HEALTH                                                                                  | IHS14    | Y            | N          | Y             | N          |           |            |
| Associated Hispanic Physicians Southern California                                              | MPM44    | Y            | N          | Y             | N          |           |            |
| Associates for Healthcare                                                                       | 36326    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                                                                       | Payer ID<br>PID | Professional |            | Institutional |            | Dental    |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                                                  |                 | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Assurant Health Self Funded (MUST VERIFY ALL CLAIMS SHOULD GO TO ALLIED BENEFIT for Assurant Health Self Funded groups with Plan effective dates after 5 1 2013) | 75068           | Y            | N          | Y             | N          | Y         | N          |
| Assured Benefits Administrators                                                                                                                                  | 74240           | Y            | N          | Y             | N          |           |            |
| Asuris Northwest MedAdvantage (REF1BProvider ID in Billing and Rendering required even when NPI is submitted.)                                                   | SX179           | Y            | N          |               |            |           |            |
| Asuris NW Health                                                                                                                                                 | 93221           | Y            | N          | Y             | N          |           |            |
| Atlantis Eye Care                                                                                                                                                | AEC01           | Y            | N          |               |            |           |            |
| Atlas Life Ins Co (NFIC Plan only)                                                                                                                               | 90956           | Y            | N          |               |            |           |            |
| Atrio Health Plan (Formerly known as Marion Polk Health Plan Advantage)                                                                                          | MPCHA           | Y            | N          |               |            |           |            |
| ATRIO HEALTH PLANS                                                                                                                                               | ATRIO           | Y            | N          | Y             | N          |           |            |
| Aultcare                                                                                                                                                         | MNAUL           | Y            | N          |               |            |           |            |
| AULTCARE                                                                                                                                                         | AULOH           | Y            | N          | Y             | N          | Y         | N          |
| AULTCARE                                                                                                                                                         | AULTC           | Y            | N          | Y             | N          | Y         | N          |
| Author by Humana                                                                                                                                                 | 61108           | Y            | N          | Y             | N          |           |            |
| Automated Benefit Services (ABS)                                                                                                                                 | 38259           | Y            | N          | Y             | N          |           |            |
| Avalon Healthcare Solutions (Must contact the payer directly at Provider Services 855-895-1676 prior to sending claims.)                                         | AVA01           | Y            | N          |               |            |           |            |
| AVALON HEALTHCARE SOLUTIONS CAPITAL BLUE CROSS                                                                                                                   | AVA03           | Y            | N          |               |            |           |            |
| Avalon Healthcare Solutions North Carolina                                                                                                                       | AVA02           | Y            | Y          |               |            |           |            |
| AVALON HEALTHCARE SOLUTIONS VERMONT                                                                                                                              | AVA04           | Y            | N          |               |            |           |            |
| Avante Health (Customer Service 559-261-9060)                                                                                                                    | AH001           | Y            | N          |               |            |           |            |
| Avectus Healthcare Solutions (Call 855-AVECTUS)                                                                                                                  | MP001           | Y            | N          | Y             | N          |           |            |
| Avera Health Plans                                                                                                                                               | 46045           | Y            | N          | Y             | N          |           |            |
| Avesis                                                                                                                                                           | 86098           |              |            |               |            | Y         | N          |
| Avesis Third Part Administrators                                                                                                                                 | 87098           | Y            | N          |               |            |           |            |
| AVMED                                                                                                                                                            | 59274           | Y            | N          | Y             | N          |           |            |
| AVMED ENCOUNTERS                                                                                                                                                 | 59275           | Y            | N          |               |            |           |            |
| Axminister Medical Group                                                                                                                                         | AXM01           | Y            | N          |               |            |           |            |
| AZ BLUESHIELD                                                                                                                                                    | AZBLS           | Y            | N          |               |            |           |            |
| AZ Integrated Physicians                                                                                                                                         | NCHON           | Y            | N          |               |            |           |            |
| Bakersfield Family Medical Center                                                                                                                                | BKRFM           | Y            | N          | Y             | N          |           |            |
| Bakersfield Family Medical Group                                                                                                                                 | 77005           | Y            | N          |               |            |           |            |
| Bakery & Confectionery Union and Industry International Health                                                                                                   | BCTF1           | Y            | N          | Y             | N          |           |            |
| Banner Health & Aetna Health Insurance Company                                                                                                                   | 67895           | Y            | N          | Y             | N          |           |            |
| Banner Medicare Advantage Plus PPO (BMAP)                                                                                                                        | 84324           | Y            | N          | Y             | N          |           |            |
| Banner Medicare Advantage Prime HMO (BMAH)                                                                                                                       | 84323           | Y            | N          | Y             | N          |           |            |
| Banner University Family Care (University of Arizona Health Plans)                                                                                               | 66901           | Y            | N          | Y             | N          |           |            |
| BAPTIST CARDIAC PROGRAM                                                                                                                                          | BSC01           | Y            | N          | Y             | N          |           |            |
| Baptist Health South Florida                                                                                                                                     | 65026           | Y            | N          |               |            |           |            |
| BARINET (L&W)                                                                                                                                                    | CB369           | Y            | N          | Y             | N          |           |            |
| BayCare Select Health Plans Inc                                                                                                                                  | 8107A           | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                                   | Payer ID | Professional |            | Institutional |            | Dental    |            |
|------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                              |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Baycare Select Health Plans Incorp                                                                                           | 81079    | Y            | N          | Y             | N          |           |            |
| BC IDAHO                                                                                                                     | 00610    | Y            | N          |               |            |           |            |
| BCBS ALABAMA                                                                                                                 | SB510    | Y            | N          |               |            |           |            |
| BCBS KANSAS                                                                                                                  | 4716B    | Y            | N          | Y             | N          |           |            |
| BCBS KANSAS CITY                                                                                                             | 47171    | Y            | N          | Y             | N          |           |            |
| BCBS LA                                                                                                                      | 12B1A    |              |            | Y             | Y          |           |            |
| BCBS LOUISIANA                                                                                                               | 53120    | Y            | N          |               |            |           |            |
| BCBS MICHIGAN AND BLUE CARE NETWORK                                                                                          | 00210    |              |            | Y             | N          |           |            |
| BCBS MICHIGAN AND BLUE CARE NETWORK                                                                                          | 00710    | Y            | N          |               |            |           |            |
| BCBS MINNESOTA                                                                                                               | 00222    | Y            | N          | Y             | N          |           |            |
| BCBS MINNESOTA                                                                                                               | 00722    | Y            | N          | Y             | N          |           |            |
| BCBS MONTANA                                                                                                                 | 00751    | Y            | N          | Y             | N          |           |            |
| BCBS NORTH CAROLINA                                                                                                          | BCSNC    | Y            | N          | Y             | N          |           |            |
| BCBS North Carolina                                                                                                          | 61473    |              |            |               |            | Y         | N          |
| BCBS NORTH DAKOTA                                                                                                            | 55891    | Y            | N          | Y             | N          |           |            |
| BCBS Of Michigan (Dental Claims Only)                                                                                        | BBMDQ    |              |            |               |            | Y         | N          |
| BCBS OF MONTANA AKA HEALTH E WEB                                                                                             | SB751    | Y            | N          |               |            |           |            |
| BCBS OF VERMONT                                                                                                              | SB915    | Y            | N          |               |            |           |            |
| BCBS SC FEDERAL EMPLOYEES                                                                                                    | SX084    | Y            | N          |               |            |           |            |
| BCBS WYOMING                                                                                                                 | 53767    | Y            | N          | Y             | N          |           |            |
| Beacon Health Options                                                                                                        | BHOVO    | Y            | N          | Y             | N          |           |            |
| Beacon Health Strategies (Providers need to call Provider Relations Dept at 781-994-7576 to register before sending claims.) | 43324    | Y            | N          | Y             | N          |           |            |
| Beacon of Life                                                                                                               | 65432    | Y            | N          |               |            |           |            |
| Beaver Medical Group                                                                                                         | 45967    | Y            | N          | Y             | N          |           |            |
| Behavioral Health Systems                                                                                                    | 63100    | Y            | N          | Y             | N          |           |            |
| Behavioral Healthcare Inc.                                                                                                   | BHI00    | Y            | N          |               |            |           |            |
| Bella Vista Med Grp IPA                                                                                                      | MPM10    | Y            | N          | Y             | N          |           |            |
| Benefit Administrative Systems                                                                                               | 36149    | Y            | N          | Y             | N          |           |            |
| Benefit Coordinators Corporation                                                                                             | 25145    | Y            | N          | Y             | N          |           |            |
| Benefit Management Admin                                                                                                     | BMATP    |              |            | Y             | N          |           |            |
| Benefit Management LLC VBA                                                                                                   | 88092    | Y            | N          | Y             | N          |           |            |
| Benefit Management Systems Inc of Mississippi                                                                                | 37212    | Y            | N          | Y             | N          |           |            |
| Benefit Plan Administrators                                                                                                  | 88052    | Y            | N          | Y             | N          |           |            |
| BENEFIT PLAN ADMINISTRATORS                                                                                                  | IHS19    | Y            | N          | Y             | N          |           |            |
| BENEFIT PLANNERS INC                                                                                                         | 74223    | Y            | N          | Y             | N          |           |            |
| Benefit Solutions INC                                                                                                        | 60338    | Y            | N          |               |            |           |            |
| Benefit Systems and Services Inc.                                                                                            | 36342    | Y            | N          | Y             | N          |           |            |
| Benmark                                                                                                                      | BNMK1    | Y            | N          |               |            |           |            |
| Berkshire Health Partners                                                                                                    | 23243    | Y            | N          | Y             | N          |           |            |
| Berkshire Intergroup                                                                                                         | 10956    | Y            | N          | Y             | N          |           |            |
| Best Life & Health Insurance Co.                                                                                             | 95604    | Y            | N          | Y             | N          |           |            |



| Payer Name                                                                                                               | Payer ID<br>PID | Professional |            | Institutional |            | Dental    |            |
|--------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                          |                 | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Better Health Plan of Florida (For claims rejections contact payer at 800-514-4561 and select provider services option.) | 20488           | Y            | N          | Y             | N          |           |            |
| Beverly Hospital                                                                                                         | MPM42           | Y            | N          | Y             | N          |           |            |
| BHP-Unity                                                                                                                | 44219           | Y            | N          | Y             | N          |           |            |
| BHSF International                                                                                                       | 67668           | Y            | N          | Y             | N          |           |            |
| BIENVIVIR SENIOR HEALTH PLAN                                                                                             | BSHS1           | Y            | N          |               |            |           |            |
| BIENVIVIR SENIOR HEALTH SERVI                                                                                            | 12X40           |              |            | Y             | N          |           |            |
| Big Lots Associates Benefit Plans                                                                                        | CX025           | Y            | N          |               |            |           |            |
| Block Vision                                                                                                             | BLOCK           | Y            | N          |               |            |           |            |
| Block Vision Inc.                                                                                                        | BV001           | Y            | N          |               |            |           |            |
| Block Vision of Texas                                                                                                    | BVTX1           | Y            | N          |               |            |           |            |
| Blue Advantage of Arkansas                                                                                               | ARBLS           | Y            | N          |               |            |           |            |
| Blue Care PPO                                                                                                            | VABLS           | Y            | N          |               |            |           |            |
| Blue CHiP of Rhode Island                                                                                                | 12B75           |              |            | Y             | N          |           |            |
| Blue Chip of Rhode Island                                                                                                | RICHP           | Y            | N          |               |            |           |            |
| Blue Chip of Rhode Island                                                                                                | SB871           | Y            | N          |               |            |           |            |
| Blue Choice of Rochester NY                                                                                              | N6BLS           | Y            | N          |               |            |           |            |
| Blue Choice of South Carolina                                                                                            | 00922           | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Alabama (837I)                                                                                 | 12B54           |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of Arizona                                                                                        | 12B02           |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of Arizona                                                                                        | SB530           | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Colorado                                                                                       | 12B03           |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of Colorado                                                                                       | SB550           | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Connecticut                                                                                    | 12B04           |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of Delaware                                                                                       | SB570           | Y            | Y          |               |            |           |            |
| Blue Cross Blue Shield of Florida                                                                                        | 12B34           |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of Florida                                                                                        | FLBLS           | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Florida                                                                                        | SB590           | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Florida - Health Options HMO                                                                   | 12B26           |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of Georgia                                                                                        | 12015           |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of Georgia                                                                                        | SB600           | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Hawaii (HMSA)                                                                                  | 12B62           | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Illinois                                                                                       | 12B08           |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of Illinois                                                                                       | SB621           | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Kansas                                                                                         | SB650           | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Kansas City                                                                                    | SB740           | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Louisiana                                                                                      | 23738           | Y            | Y          |               |            |           |            |
| Blue Cross Blue Shield of Louisiana                                                                                      | 23740           | Y            | Y          |               |            |           |            |
| Blue Cross Blue Shield of Maine                                                                                          | SB680           | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Massachusetts                                                                                  | 12B14           |              |            | Y             | N          |           |            |
| BLUE CROSS BLUE SHIELD OF MINNESOTA                                                                                      | SB720           | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Mississippi                                                                                    | SB730           | Y            | Y          |               |            |           |            |

| Payer Name                                                                                                             | Payer ID | Professional |            | Institutional |            | Dental    |            |
|------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                        |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Blue Cross Blue Shield of Missouri                                                                                     | SB741    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Missouri                                                                                     | 12B15    |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of Missouri (Blue Choice)                                                                       | SB742    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Montana                                                                                      | 12B77    |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of Nebraska                                                                                     | 12B19    |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of Nebraska                                                                                     | SB760    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of New Hampshire                                                                                | 12B21    |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of New Hampshire                                                                                | SB770    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of New Mexico                                                                                   | 12B22    |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of New Mexico                                                                                   | SB790    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of North Carolina                                                                               | SB810    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of North Dakota                                                                                 | SB820    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of North Dakota                                                                                 | SB821    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Oklahoma                                                                                     | 12B59    |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of Oklahoma                                                                                     | SB840    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Oregon (Regence)                                                                             | 12B41    |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of Rhode Island                                                                                 | SB870    | Y            | N          |               |            |           |            |
| BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA                                                                               | SB880    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of South Carolina - Companion Healthcare                                                        | SX085    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of South Carolina - Planned Administrators Inc.                                                 | SX104    | Y            | N          | Y             | N          |           |            |
| Blue Cross Blue Shield of South Carolina - State Health Plan                                                           | SX103    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of South Dakota                                                                                 | SB888    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of South Dakota                                                                                 | SB889    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Tennessee (Chattanooga HMO Plans)                                                            | SB891    | Y            | Y          |               |            |           |            |
| Blue Cross Blue Shield of Tennessee (Memphis)                                                                          | SB892    | Y            | Y          |               |            |           |            |
| Blue Cross Blue Shield of Texas                                                                                        | 12B31    |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of Texas                                                                                        | SB900    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Western New York Medicaid/CHP                                                                | 44911    | Y            | N          | Y             | N          |           |            |
| Blue Cross Blue Shield of Wisconsin                                                                                    | 12B29    |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of Wisconsin                                                                                    | SB950    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield of Wyoming                                                                                      | 12B30    |              |            | Y             | N          |           |            |
| Blue Cross Blue Shield of Wyoming                                                                                      | SB960    | Y            | N          |               |            |           |            |
| Blue Cross Blue Shield Utah FEP                                                                                        | SB911    | Y            | N          |               |            |           |            |
| Blue Cross Community Solutions (Effective 12-14-14. Payer was previously known as IL BCBS ICP with a payerID of 00621) | MCDIL    | Y            | N          | Y             | N          |           |            |
| Blue Cross Complete                                                                                                    | 32002    | Y            | N          | Y             | N          |           |            |
| Blue Cross IA COB                                                                                                      | SB645    | Y            | N          |               |            |           |            |
| Blue Cross of Alaska                                                                                                   | 12B47    |              |            | Y             | N          |           |            |
| Blue Cross of Arkansas                                                                                                 | 00520    | Y            | N          | Y             | N          |           |            |
| Blue Cross of California                                                                                               | 47198    | Y            | N          | Y             | N          |           |            |
| Blue Cross of California                                                                                               | BC001    | Y            | N          |               |            |           |            |
| Blue Cross of Connecticut                                                                                              | 35341    |              |            | Y             | N          |           |            |

| Payer Name                                       | Payer ID | Professional |            | Institutional |            | Dental    |            |
|--------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                  |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Blue Cross of Florida                            | 00590    | Y            | N          | Y             | N          |           |            |
| Blue Cross of Georgia                            | 35371    |              |            | Y             | N          |           |            |
| Blue Cross of Idaho                              | 12B07    |              |            | Y             | N          |           |            |
| Blue Cross of Idaho                              | IDBLC    | Y            | N          |               |            |           |            |
| Blue Cross of Idaho                              | SB612    | Y            | N          |               |            |           |            |
| Blue Cross of Illinois                           | 00621    | Y            | N          | Y             | N          |           |            |
| Blue Cross of Kansas (835s returned under KSBLs) | 57325    |              |            | Y             | N          |           |            |
| Blue Cross of Kansas City                        | 12B66    |              |            | Y             | N          |           |            |
| Blue Cross of Kentucky                           | 00160    |              |            | Y             | N          |           |            |
| Blue Cross of Louisiana Direct                   | 12B12    |              |            | Y             | Y          |           |            |
| Blue Cross of Maine                              | 12B13    |              |            | Y             | N          |           |            |
| Blue Cross of Maryland                           | 12011    |              |            | Y             | N          |           |            |
| Blue Cross of Michigan                           | 12B18    |              |            | Y             | Y          |           |            |
| Blue Cross of Minnesota                          | 00220    | Y            | N          | Y             | N          |           |            |
| Blue Cross of Mississippi                        | 12B17    |              |            | Y             | N          |           |            |
| Blue Cross of Missouri                           | 12B65    |              |            | Y             | N          |           |            |
| Blue Cross of New Hampshire                      | 00770    | Y            | N          | Y             | N          |           |            |
| Blue Cross of New Mexico                         | 00790    | Y            | N          | Y             | N          |           |            |
| Blue Cross of New York Central                   | 12B37    |              |            | Y             | N          |           |            |
| Blue Cross of New York Empire                    | 12B36    |              |            | Y             | N          |           |            |
| Blue Cross of New York State                     | 12B35    |              |            | Y             | N          |           |            |
| Blue Cross of New York Utica                     | 12B38    |              |            | Y             | N          |           |            |
| Blue Cross of North Carolina                     | 12B23    |              |            | Y             | N          |           |            |
| Blue Cross of North Dakota                       | 12B78    |              |            | Y             | Y          |           |            |
| Blue Cross of Oklahoma                           | 00840    | Y            | N          | Y             | N          |           |            |
| Blue Cross of PA Capitol                         | 12B60    |              |            | Y             | Y          |           |            |
| Blue Cross of Rhode Island                       | 12B74    |              |            | Y             | N          |           |            |
| Blue Cross of S Carolina                         | 12B55    |              |            | Y             | N          |           |            |
| Blue Cross of South Dakota                       | 12B33    |              |            | Y             | N          |           |            |
| Blue Cross of Tennessee                          | 12B53    |              |            | Y             | Y          |           |            |
| Blue Cross of Tennessee                          | 55131    |              |            | Y             | Y          |           |            |
| Blue Cross of Utah                               | 12B42    |              |            | Y             | N          |           |            |
| Blue Cross of Utah FEP                           | 12B1E    |              |            | Y             | N          |           |            |
| Blue Cross of Vermont                            | 12B32    |              |            | Y             | N          |           |            |
| Blue Cross of Washington                         | 00934    | Y            | N          | Y             | N          |           |            |
| Blue Cross of Washington (Premera)               | SB930    | Y            | N          |               |            |           |            |
| Blue Cross of West Virginia                      | 12B28    |              |            | Y             | N          |           |            |
| Blue Cross/Blue Shield Rochester Area            | 12B40    |              |            | Y             | N          |           |            |
| Blue Cross/Blue Shield Rochester Area            | 12B67    |              |            | Y             | N          |           |            |
| Blue Cross/Blue Shield Rochester Area            | 12B73    |              |            | Y             | N          |           |            |
| Blue Grass Family Health (SRRIPA)                | 15754    | Y            | N          |               |            |           |            |
| BLUE SHIELD NEBRASKA                             | 77780    | Y            | N          |               |            |           |            |

| Payer Name                                                | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-----------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                           |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Blue Shield of Alabama                                    | ALBLS    | Y            | N          | Y             | N          |           |            |
| Blue Shield of Alaska                                     | AKBLS    | Y            | N          |               |            |           |            |
| Blue Shield of California                                 | BS001    | Y            | N          |               |            |           |            |
| Blue Shield of California - HMO Encounters                | 94032    | Y            | N          | Y             | N          |           |            |
| Blue Shield of California - Medicare Advantage Encounters | 99105    | Y            | N          | Y             | N          |           |            |
| Blue Shield of Central NY HMO PPO                         | N2BLS    | Y            | N          |               |            |           |            |
| Blue Shield of Connecticut                                | CTBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Delaware                                   | DEBLS    | Y            | Y          |               |            |           |            |
| Blue Shield of Georgia (State Health of GA)               | GABLS    | Y            | N          |               |            |           |            |
| Blue Shield of Hawaii                                     | HIBLS    | Y            | Y          |               |            |           |            |
| Blue Shield of Hawaii (HMSA)                              | SB971    | Y            | N          |               |            |           |            |
| Blue Shield of Idaho (Per Provider Testing)               | IDBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Illinois                                   | ILBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Indiana                                    | INBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Iowa                                       | IABLS    | Y            | N          | Y             | N          |           |            |
| Blue Shield of Kansas                                     | KSBL     | Y            | N          | Y             | N          |           |            |
| Blue Shield of Kansas City                                | KCBLS    | Y            | N          | Y             | N          |           |            |
| Blue Shield of Kentucky                                   | KYBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Louisiana                                  | LABLS    | Y            | Y          |               |            |           |            |
| Blue Shield of Maine                                      | MEBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Maryland                                   | MDBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Massachusetts                              | MABLS    | Y            | N          |               |            |           |            |
| Blue Shield of Michigan                                   | MIBLS    | Y            | N          | Y             | N          |           |            |
| Blue Shield of Minnesota                                  | MNBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Mississippi                                | MSBLS    | Y            | Y          |               |            |           |            |
| Blue Shield of Missouri                                   | MOBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Montana                                    | MTBLS    | Y            | N          |               |            |           |            |
| Blue Shield of National Capital Area                      | NCABS    | Y            | N          |               |            |           |            |
| Blue Shield of Nebraska                                   | NEBLS    | Y            | N          |               |            |           |            |
| Blue Shield of New Hampshire                              | NHBLS    | Y            | N          |               |            |           |            |
| Blue Shield of New Mexico                                 | NMBLS    | Y            | N          |               |            |           |            |
| Blue Shield of New York (Empire)                          | NYBLS    | Y            | N          |               |            |           |            |
| Blue Shield of North Carolina                             | NCBLS    | Y            | N          |               |            |           |            |
| Blue Shield of North Dakota                               | NDBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Northeast NY                               | N5BLS    | Y            | N          |               |            |           |            |
| Blue Shield of Ohio                                       | OHBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Oklahoma                                   | OKBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Oregon                                     | ORBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Pennsylvania                               | PABLS    | Y            | Y          |               |            |           |            |
| Blue Shield of Rhode Island                               | RIBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Rochester NY                               | N7BLS    | Y            | N          |               |            |           |            |
| Blue Shield of South Carolina                             | SCBLS    | Y            | N          |               |            |           |            |

| Payer Name                                  | Payer ID | Professional |            | Institutional |            | Dental    |            |
|---------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                             |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Blue Shield of South Dakota                 | SDBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Tennessee                    | TNBLBS   | Y            | Y          |               |            |           |            |
| Blue Shield of Texas                        | TXBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Utah                         | UTBLS    | Y            | N          |               |            |           |            |
| Blue Shield of Utica NY                     | N4BLS    | Y            | N          |               |            |           |            |
| Blue Shield of Vermont                      | VTBLS    | Y            | N          |               |            |           |            |
| Blue Shield of West Virginia                | WVBLS    | Y            | Y          |               |            |           |            |
| Blue Shield of Western New York             | N1BLS    | Y            | N          | Y             | N          |           |            |
| Blue Shield of Wisconsin                    | WIBLS    | Y            | N          | Y             | N          |           |            |
| Blue Shield of Wyoming                      | WYBLS    | Y            | N          |               |            |           |            |
| BlueCross Blue Shield of Minnesota          | 12B16    |              |            | Y             | N          |           |            |
| BlueCross BlueShield of Arkansas            | SB520    | Y            | N          | Y             | N          |           |            |
| BlueCross BlueShield of Michigan            | BS017    | Y            | N          |               |            |           |            |
| BlueCross BlueShield of Michigan            | SB710    | Y            | N          |               |            |           |            |
| BlueCross BlueShield of Tennessee           | 12B45    |              |            | Y             | Y          |           |            |
| BlueCross BlueShield of Tennessee           | SB890    | Y            | Y          |               |            |           |            |
| BLUERIDE NON-EMERG TRANSPORTATION           | BLRDE    | Y            | N          |               |            |           |            |
| Boilermakers national Health & Welfare Fund | 36609    | Y            | N          | Y             | N          |           |            |
| Bollinger INC.                              | BOLL1    | Y            | N          |               |            |           |            |
| Boon-Chapman Benefit Administrators Inc.    | 74238    | Y            | N          | Y             | N          |           |            |
| Boston Medical Center Healthnet             | 13337    | Y            | N          | Y             | N          |           |            |
| BPS Inc                                     | 48964    | Y            | N          |               |            |           |            |
| Brand New Day (Encounters)                  | UC002    | Y            | N          | Y             | N          |           |            |
| Brand New Day (FFS)                         | UC001    | Y            | N          | Y             | N          |           |            |
| Bravo Health (Now CIGNA HealthSprings.)     | 52192    | Y            | N          | Y             | N          |           |            |
| Breckpoint                                  | BRKPN    | Y            | N          | Y             | N          |           |            |
| BridgeSpan                                  | BRIDG    | Y            | N          | Y             | N          |           |            |
| Bright Health                               | BRGHT    | Y            | N          | Y             | N          |           |            |
| Bright Health Physicians                    | BHP01    | Y            | N          |               |            |           |            |
| Bright Health Plan                          | CB186    | Y            | N          | Y             | N          |           |            |
| Brokerage Concepts Inc (Benefit Concepts)   | 51037    | Y            | N          | Y             | N          |           |            |
| BROWARD REGIONAL HEALTH PLANNING COUNCIL    | BRHPC    | Y            | N          | Y             | N          |           |            |
| Brown & Toland Health Services              | BTHS1    |              |            | Y             | N          |           |            |
| Brown & Toland Medical Group                | 94316    | Y            | N          | Y             | N          |           |            |
| Brown & Toland Medical Group                | 9431C    | Y            | N          | Y             | N          |           |            |
| Brown & Toland SutterSelect                 | BTSS1    | Y            | N          |               |            |           |            |
| BS CS OF PA                                 | SB865    | Y            | Y          |               |            |           |            |
| Buckeye Community Health                    | 68069    | Y            | N          | Y             | N          |           |            |
| Buckeye Ohio Medicaid                       | 42020    | Y            | N          |               |            |           |            |
| Buckeye Ohio Medicaid Vision                | 4202V    | Y            | N          |               |            |           |            |
| Butler Benefits                             | 42150    | Y            | N          | Y             | N          | Y         | N          |
| C & O Employees Hospital Association        | 23708    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                                      | Payer ID | Professional |            | Institutional |            | Dental    |            |
|---------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                 |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| C3 Health (fka Access Health Inc.)                                                                                              | A1680    | Y            | N          | Y             | N          |           |            |
| CA Blue Cross Blue Shield                                                                                                       | 94036    | Y            | N          | Y             | N          |           |            |
| California Care Encounters                                                                                                      | 47200    | Y            | N          |               |            |           |            |
| California Care Encounters                                                                                                      | HM006    | Y            | N          | Y             | N          |           |            |
| California Eye Care New Century Health                                                                                          | NCH05    | Y            | N          |               |            |           |            |
| CALIFORNIA HEALTH AND WELLNESS                                                                                                  | 68047    | Y            | N          | Y             | N          |           |            |
| California Home Health and Hos                                                                                                  | 12M98    |              |            | Y             | Y          |           |            |
| California IPA                                                                                                                  | AMM14    | Y            | N          | Y             | N          |           |            |
| California Pacific Medical Center                                                                                               | 94056    | Y            | N          | Y             | N          |           |            |
| California Water Services                                                                                                       | CWS99    | Y            | N          |               |            |           |            |
| Cal-Optima Direct                                                                                                               | CALOP    | Y            | N          | Y             | N          |           |            |
| Cannon Cochran Management Services Inc. LA (Claims for Payer address of Metairie LA only.)                                      | 71057    | Y            | N          | Y             | N          |           |            |
| Cap Dist Phys HP                                                                                                                | 12X03    |              |            | Y             | N          |           |            |
| CAP Management                                                                                                                  | 95399    | Y            | N          | Y             | N          |           |            |
| Capital Advantage Insurance Company (CAIC) PROFESSIONAL (BCBS ProviderID and Performing ProviderID required. Call 800-874-8433) | 23045    | Y            | N          |               |            |           |            |
| Capital Blue Cross (Facility Contracted Providers)                                                                              | 24705    | Y            | N          |               |            |           |            |
| Capital Blue Cross (Physician Contracted Providers)                                                                             | 12B61    | Y            | N          |               |            |           |            |
| Capital District PHP                                                                                                            | SX065    | Y            | N          |               |            |           |            |
| Capital Health Plan                                                                                                             | 95112    | Y            | N          | Y             | N          |           |            |
| Capital International Management Services                                                                                       | 65067    | Y            | N          |               |            |           |            |
| Capitol Administrators                                                                                                          | 68011    | Y            | N          | Y             | N          |           |            |
| CapRock HealthPlans                                                                                                             | CAPHP    | Y            | N          | Y             | N          |           |            |
| Cardiovascular Care Providers                                                                                                   | GCVCP    | Y            | N          | Y             | N          |           |            |
| Care 1st Health Plan of Arizona                                                                                                 | 57116    | Y            | N          | Y             | N          |           |            |
| Care 1st Health Plan of CA                                                                                                      | 57115    | Y            | N          | Y             | N          |           |            |
| Care Access PSN                                                                                                                 | 65063    | Y            | N          |               |            |           |            |
| Care Access PSN                                                                                                                 | 12K89    |              |            | Y             | N          |           |            |
| Care Around the Clock                                                                                                           | 57721    | Y            | N          | Y             | N          |           |            |
| Care Core National                                                                                                              | 14182    | Y            | N          | Y             | N          |           |            |
| Care Improvement Plus CIP XLHealth                                                                                              | 77082    | Y            | N          | Y             | N          |           |            |
| Care N Care                                                                                                                     | 66010    | Y            | N          | Y             | N          |           |            |
| Care Plus                                                                                                                       | 65031    | Y            | N          |               |            |           |            |
| Care to Care                                                                                                                    | 41222    | Y            | N          | Y             | N          |           |            |
| CareCentrix                                                                                                                     | 11345    | Y            | N          | Y             | N          |           |            |
| CARECENTRIX BCBS MICHIGAN                                                                                                       | 11349    | Y            | N          | Y             | N          |           |            |
| CARECENTRIX CIGNA                                                                                                               | 11346    | Y            | N          | Y             | N          |           |            |
| CARECENTRIX FLORIDA BLUE                                                                                                        | 11347    | Y            | N          | Y             | N          |           |            |
| CARECENTRIX HORIZON                                                                                                             | 11348    | Y            | N          | Y             | N          |           |            |
| CARECENTRIX WELLCARE                                                                                                            | 11350    | Y            | N          | Y             | N          |           |            |
| CareCore National LLC (Radiology charges for Oxford)                                                                            | 14180    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                       | Payer ID | Professional |            | Institutional |            | Dental    |            |
|--------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                  |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Carecore National Wellcare                                                                       | 14188    | Y            | N          |               |            |           |            |
| CareFirst BCBS - DC National Capital Area                                                        | SB580    | Y            | N          | Y             | N          |           |            |
| Carefirst BCBS Maryland Dental                                                                   | 00580    |              |            |               |            | Y         | N          |
| Carefirst BCBS NCA                                                                               | 12000    |              |            | Y             | N          |           |            |
| CARELON AETNA HOME HEALTH                                                                        | 34010    | Y            | N          | Y             | N          |           |            |
| CARELON ANTHEM HOME HEALTH                                                                       | 34009    | Y            | N          | Y             | N          |           |            |
| CARELON HEALTH - ADVANCED PRIMARY CARE ENCOUNTERS                                                | CMENC    | Y            | N          |               |            |           |            |
| Caremore                                                                                         | CM001    | Y            | N          |               |            |           |            |
| CareMore Value Plus (CVP)                                                                        | CARMO    | Y            | N          | Y             | N          |           |            |
| CareOregon Inc.                                                                                  | 93975    | Y            | N          | Y             | N          |           |            |
| CarePlus                                                                                         | 95092    | Y            | N          | Y             | N          |           |            |
| CarePlus Cardiology - New Century Health                                                         | NCH04    | Y            | N          |               |            |           |            |
| CarePlusHP Encounters                                                                            | 95093    | Y            | N          |               |            |           |            |
| CareSource Arkansas                                                                              | ARCS1    | Y            | N          | Y             | N          |           |            |
| Caresource Health Plan of Oregon                                                                 | MRCHP    | Y            | N          | Y             | N          |           |            |
| Caresource IN                                                                                    | INCS1    | Y            | N          | Y             | N          |           |            |
| CareSource KY                                                                                    | KYCS1    | Y            | N          | Y             | N          | Y         | N          |
| CARESOURCE NORTH CAROLINA                                                                        | NCCS1    | Y            | N          | Y             | N          |           |            |
| CareSource of Georgia                                                                            | GACS1    | Y            | N          | Y             | N          |           |            |
| CareSource OH                                                                                    | 31114    | Y            | N          | Y             | N          |           |            |
| CareSource Ohio Medicaid                                                                         | 31500    | Y            | N          |               |            |           |            |
| CareSource Ohio Medicaid Vision                                                                  | 3150V    | Y            | N          |               |            |           |            |
| Caresource West Virginia                                                                         | WVCS1    | Y            | N          | Y             | N          |           |            |
| Careworks of Ohio                                                                                | 10010    | Y            | N          | Y             | N          |           |            |
| Cariten Healthcare                                                                               | 62073    |              |            | Y             | N          |           |            |
| Cariten Senior Health                                                                            | 62072    |              |            | Y             | N          |           |            |
| Carpenters Health and Welfare Fund of Philadelphia                                               | CX101    | Y            | N          |               |            |           |            |
| CBA Inc. (Previous payer ID 52132 .Effective 11-03-18 submit claims to payer ID 39026)           | 52132    | Y            | N          | Y             | N          |           |            |
| CBHA Carolina Behavioral Health Alliance                                                         | 56215    | Y            | N          | Y             | N          |           |            |
| CBNHP Health Choices                                                                             | 65391    | Y            | N          | Y             | N          |           |            |
| CBSA (Corporation Benefit Services of America)                                                   | 41124    | Y            | N          | Y             | N          |           |            |
| CCMC - Comprehensive Care Management Corp                                                        | CCMC1    | Y            | N          |               |            |           |            |
| Cedars Sinai Medical Center                                                                      | 95164    | Y            | N          | Y             | N          |           |            |
| Cedars-Sinai Medical Network Services Claims                                                     | 95166    | Y            | N          | Y             | N          |           |            |
| Cedars-Sinai Medical Network Services Encounters                                                 | 95167    | Y            | N          | Y             | N          |           |            |
| Celtic Insurance                                                                                 | 68063    | Y            | N          | Y             | N          |           |            |
| Celtic Insurance                                                                                 | CELTC    | Y            | N          |               |            |           |            |
| CenCal Health                                                                                    | 95386    | Y            | N          |               |            |           |            |
| CenCal Health                                                                                    | 99111    | Y            | N          |               |            |           |            |
| Cenpatico Behavioral Health AZ (Prior to submission contact 866-495-6748 to verify provider ID.) | 68068    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                                                              | Payer ID | Professional |            | Institutional |            | Dental    |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                                         |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Center for Elders Independence                                                                                                                          | 94312    | Y            | N          | Y             | N          |           |            |
| Center for Healthy Living                                                                                                                               | CPHL1    | Y            | N          | Y             | N          |           |            |
| Center IPA                                                                                                                                              | POP01    | Y            | N          |               |            |           |            |
| CenterCare                                                                                                                                              | 13357    | Y            | N          | Y             | N          |           |            |
| CenterLight Healthcare                                                                                                                                  | 13360    | Y            | N          | Y             | N          |           |            |
| CenterPoint Human Svcs                                                                                                                                  | 56122    | Y            | N          |               |            |           |            |
| CENTIVO DIRECT NETWORK ACCESS                                                                                                                           | IHS04    | Y            | N          | Y             | N          |           |            |
| CENTRA BENEFIT SERVICES                                                                                                                                 | 75243    | Y            | N          | Y             | N          |           |            |
| CentraCare                                                                                                                                              | 66698    | Y            | N          |               |            |           |            |
| Central California Alliance for Health (Alliance EDI Support Unit 831-430-5510)                                                                         | SX169    | Y            | Y          |               |            |           |            |
| Central California Electrical Workers Health and Welfare Trust                                                                                          | NWADM    | Y            | N          |               |            |           |            |
| Central California Women's Health                                                                                                                       | WH001    | Y            | N          |               |            |           |            |
| Central Health Medicare                                                                                                                                 | CHCPI    | Y            | N          | Y             | N          |           |            |
| Central Ohio Primary Care Seni                                                                                                                          | AGL02    | Y            | N          | Y             | N          |           |            |
| Central Valley Medical Providers                                                                                                                        | CVM02    | Y            | N          | Y             | N          |           |            |
| CENTURION LLC                                                                                                                                           | IHS11    | Y            | N          | Y             | N          |           |            |
| Centurion of Tennessee                                                                                                                                  | 42140    | Y            | N          | Y             | N          |           |            |
| Century PHO                                                                                                                                             | 36393    | Y            | N          | Y             | N          |           |            |
| CHA - Commonwealth Health Alliance                                                                                                                      | 23171    | Y            | N          |               |            |           |            |
| Chaffey Medical Group                                                                                                                                   | 49533    | Y            | N          | Y             | N          |           |            |
| Change Healthcare State IL MCD Molina                                                                                                                   | MOLIL    | Y            | N          | Y             | N          |           |            |
| Chautauqua County Health Plan (Mayville NY)                                                                                                             | 16600    | Y            | N          |               |            |           |            |
| Children First Medical Group (For questions regarding claim status providers will need to contact payer CFMG Provider Customer Service 510-428-3154)    | 94321    | Y            | N          |               |            |           |            |
| Children's Community Health Plan                                                                                                                        | 39113    | Y            | N          | Y             | N          |           |            |
| Childrens Medical Center Health Plan                                                                                                                    | CMCHP    | Y            | N          | Y             | N          |           |            |
| Children's Specialists of San Diego                                                                                                                     | CSSD2    | Y            | N          |               |            |           |            |
| Chinese Community Health Plan (Unique Provider ID must be on claim.)                                                                                    | 94302    | Y            | N          | Y             | N          |           |            |
| ChinoValley Medical Center                                                                                                                              | CVMC1    |              |            | Y             | N          |           |            |
| Chirometrics Inc.                                                                                                                                       | 33070    | Y            | N          |               |            |           |            |
| Chiropractic Association of South Dakota                                                                                                                | CASD1    | Y            | N          |               |            |           |            |
| Chiropractic Care of Minnesota Inc. (For Dates of service before 1-01-08 continue to use payerID of ACN01.)                                             | LNDMK    | Y            | N          |               |            |           |            |
| Chiropractic Health Plans (Enrollment required please contact Provider Relations 801-352-7270) (NOTE that this payer accepts Chiropractic claims only.) | U1439    | Y            | Y          |               |            |           |            |
| CHOC - Childrens Hospital of Orange County Health Alliance                                                                                              | 33065    | Y            | N          | Y             | N          |           |            |
| Choice Physician Network                                                                                                                                | CPN01    | Y            | N          | Y             | N          |           |            |
| Choice Physicians Net First Choice                                                                                                                      | CPNFC    | Y            | N          |               |            |           |            |
| Choice Physicians Network (Nivano Physicians)                                                                                                           | CPNNP    | Y            | N          | Y             | N          |           |            |
| ChoiceOne IPA                                                                                                                                           | POP03    | Y            | N          |               |            |           |            |
| CHP RPU (FABOH) (Facility physical address required on claim.)                                                                                          | 39112    | Y            | N          | Y             | N          |           |            |



| Payer Name                                                                                                               | Payer ID | Professional |            | Institutional |            | Dental    |            |
|--------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                          |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Christian Brothers Services                                                                                              | 38308    | Y            | N          | Y             | N          | Y         | N          |
| Christian Care Ministry                                                                                                  | 59355    | Y            | N          | Y             | N          |           |            |
| Christie Student Helath Plan                                                                                             | 75544    | Y            | N          | Y             | N          |           |            |
| Christus Health Plan Health Exchange                                                                                     | 52106    | Y            | N          | Y             | N          |           |            |
| Christus Health Plan US Family HP                                                                                        | 90551    | Y            | N          | Y             | N          |           |            |
| Christus Spohn Health Network                                                                                            | SPOHN    | Y            | N          | Y             | N          |           |            |
| Cigna Behavioral Health                                                                                                  | SX071    | Y            | N          | Y             | N          |           |            |
| CIGNA BEHAVIORAL HEALTH                                                                                                  | 02331    | Y            | N          |               |            |           |            |
| CIGNA Behavioral Health (We will also accept PID SX071 for these claims use of either ID accomplishes the same routing.) | MCCBV    | Y            | N          | Y             | N          |           |            |
| Cimarron Salud (Receiver type 'D' - Claims are printed and mailed to the Payer.)                                         | PRINT    | Y            | N          | Y             | N          |           |            |
| Citrus Valley Physicians Group                                                                                           | CVPG1    | Y            | N          |               |            |           |            |
| Citrus Valley Physician's Group                                                                                          | IP055    | Y            | N          |               |            |           |            |
| CL Frates                                                                                                                | CLFR2    | Y            | N          |               |            |           |            |
| Clackamas County Mental Health (Administered by PH Tech)                                                                 | CCMMH    | Y            | N          |               |            |           |            |
| Claims Development Corporation (Effective 2-2-15 Dermatology Networks Solutions claims will process under this payerID.  | 43056    | Y            | N          |               |            |           |            |
| ClaimsBridge HPN                                                                                                         | 11752    | Y            | N          | Y             | N          |           |            |
| ClaimsWare Inc. DBA ManageMed                                                                                            | 57080    | Y            | N          | Y             | N          |           |            |
| Clear Health Alliance                                                                                                    | CLEAR    | Y            | N          | Y             | N          |           |            |
| Clear Spring Health                                                                                                      | 85468    | Y            | N          | Y             | N          |           |            |
| Clever Care Health Plan                                                                                                  | CC168    | Y            | N          | Y             | N          |           |            |
| Clever Care Health Plan, Inc.                                                                                            | 84227    | Y            | N          | Y             | N          |           |            |
| Client First                                                                                                             | 41201    | Y            | N          |               |            |           |            |
| Clifton Health Systems D B A Actin Care Groups                                                                           | 24585    | Y            | N          |               |            |           |            |
| Clinical Resource Group                                                                                                  | CRGMN    | Y            | N          |               |            |           |            |
| Clinical Specialties Inc.                                                                                                | 80950    | Y            | N          | Y             | N          |           |            |
| CLINICAL SPECIALTIES INCORPORATED                                                                                        | CSI01    | Y            | N          | Y             | N          |           |            |
| Clover (Formerly Carepoint Health Plan)                                                                                  | 77023    | Y            | N          | Y             | N          |           |            |
| Clover Health                                                                                                            | 13285    | Y            | N          | Y             | N          |           |            |
| Clover Health                                                                                                            | PE105    | Y            | N          | Y             | N          |           |            |
| CO Blue Shield                                                                                                           | 15491    |              |            | Y             | N          |           |            |
| Coachella Medical Group                                                                                                  | COMG1    | Y            | N          | Y             | N          |           |            |
| Coastal Administrative Services                                                                                          | 74120    | Y            | N          | Y             | N          |           |            |
| Coastal Administrative Services                                                                                          | 77052    | Y            | N          | Y             | N          |           |            |
| Coastal Care                                                                                                             | 43141    | Y            | N          |               |            |           |            |
| Coastal Care Services Inc.                                                                                               | 47394    | Y            | N          | Y             | N          |           |            |
| Coastal Communities Physician Network (CCPN)                                                                             | 51579    | Y            | N          |               |            |           |            |
| Coastal Communities Physician Network (CCPN)                                                                             | CCPN1    | Y            | N          |               |            |           |            |
| Coastal Healthcare Management                                                                                            | LIPAZ    | Y            | N          |               |            |           |            |
| Cobalt Benefits Group, LLC                                                                                               | 03036    | Y            | N          | Y             | N          | Y         | N          |

| Payer Name                                                                           | Payer ID | Professional |            | Institutional |            | Dental    |            |
|--------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                      |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Colorado Access                                                                      | 84129    | Y            | N          | Y             | N          |           |            |
| Colorado Choice Health Plans                                                         | H0657    | Y            | N          |               |            |           |            |
| Colorado Community Health Alliance                                                   | COCHA    | Y            | N          | Y             | N          |           |            |
| Colorado Health Insurance Cooperative                                                | 49718    | Y            | N          | Y             | N          |           |            |
| Colorado Medicare                                                                    | 12M03    |              |            | Y             | Y*         |           |            |
| Colorado Medicare                                                                    | SMCO0    | Y            | Y*         |               |            |           |            |
| Columbine Health Plan                                                                | CHP02    | Y            | N          |               |            |           |            |
| Combined Health Administrators                                                       | 88059    | Y            | N          | Y             | N          |           |            |
| Commerce Benefits Group                                                              | 34181    | Y            | N          | Y             | N          |           |            |
| Commercial Travelers PHX                                                             | 88091    | Y            | N          | Y             | N          |           |            |
| Common Ground Healthcare Cooperative                                                 | 77170    | Y            | N          | Y             | N          |           |            |
| Commonwealth Care Alliance (CCA)                                                     | A2793    | Y            | N          | Y             | N          |           |            |
| Communicare Advantage                                                                | 34525    | Y            | N          | Y             | N          |           |            |
| Community Care Associates                                                            | 17902    | Y            | N          |               |            |           |            |
| Community Care Behavioral Health Org. (For Dates of Service prior to October 1 2007) | 25179    | Y            | N          | Y             | N          |           |            |
| Community Care BHO                                                                   | 23282    | Y            | N          | Y             | N          |           |            |
| Community Care Inc. (WI)                                                             | 39126    | Y            | N          | Y             | N          |           |            |
| Community Care IPA                                                                   | CCI01    | Y            | N          |               |            |           |            |
| Community Care Managed Health Care Plans of Oklahoma                                 | 73143    | Y            | N          | Y             | N          |           |            |
| Community Care Network Services - Dept of VA                                         | 12117    | Y            | N          | Y             | N          |           |            |
| Community Care OR                                                                    | 21455    | Y            | N          | Y             | N          |           |            |
| Community Care Plan                                                                  | PBHD1    | Y            | N          | Y             | N          |           |            |
| COMMUNITY CARE PLAN (BROWARD HEALTH PPUC)                                            | BHPP1    | Y            | N          |               |            |           |            |
| Community Care Plan- Florida Healthy Kids                                            | FHKC1    | Y            | N          |               |            |           |            |
| Community Eye Care                                                                   | CEC01    | Y            | N          |               |            |           |            |
| Community Eye Care                                                                   | CECVP    | Y            | N          |               |            |           |            |
| Community Family Care                                                                | NMM05    | Y            | N          |               |            |           |            |
| Community First Health Plan                                                          | 12T02    |              |            | Y             | N          |           |            |
| Community First Health Plan                                                          | TH005    | Y            | N          |               |            |           |            |
| Community First Health Plan Inc.                                                     | COMMF    | Y            | N          | Y             | N          |           |            |
| Community Health                                                                     | 60495    | Y            | N          | Y             | N          |           |            |
| Community Health Alliance                                                            | 35193    | Y            | N          | Y             | N          |           |            |
| Community Health Alliance TN                                                         | 27905    | Y            | N          | Y             | N          |           |            |
| Community Health Center Network                                                      | CHCN1    | Y            | N          |               |            |           |            |
| Community Health Electronic Claims CHEC webTPA                                       | 75261    | Y            | N          | Y             | N          |           |            |
| Community Health Group                                                               | 66170    | Y            | N          | Y             | N          |           |            |
| Community Health Plan of Washington                                                  | CHPWA    | Y            | N          | Y             | N          |           |            |
| Community Health Plan of Washington (8371 & 837P)                                    | SB613    | Y            | N          |               |            |           |            |
| Community Health Plan of Washington (CHPWA)                                          | 12T30    |              |            | Y             | N          |           |            |
| Community IPA                                                                        | AMM12    | Y            | N          |               |            |           |            |
| Community Medical Group of the West Valley                                           | 66121    | Y            | N          |               |            |           |            |

| Payer Name                                                                                              | Payer ID | Professional |            | Institutional |            | Dental    |            |
|---------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                         |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Community Medical Group of the West Valley                                                              | CMGWV    | Y            | N          | Y             | N          |           |            |
| COMP - Ohio (Austintown OH)                                                                             | 34177    | Y            | N          | Y             | N          |           |            |
| Companion Life                                                                                          | 37322    | Y            | N          | Y             | N          | Y         | N          |
| CompFirst LLC                                                                                           | 23296    | Y            | N          |               |            |           |            |
| Complementary Health Care                                                                               | CHP01    | Y            | N          |               |            |           |            |
| Complementary HealthCare Plans                                                                          | 93101    | Y            | N          |               |            |           |            |
| Comprehensive Care Services (BCBSMN)                                                                    | 00720    | Y            | N          |               |            |           |            |
| Comprehensive Care Services (BCBSMN)                                                                    | 00562    | Y            | N          | Y             | N          |           |            |
| Comprehensive Medical Vision Program AZ                                                                 | M0166    | Y            | N          |               |            |           |            |
| ComPsych                                                                                                | 37363    | Y            | N          | Y             | N          |           |            |
| ComPsych                                                                                                | U7363    |              |            | Y             | N          |           |            |
| Concordia Care Inc.                                                                                     | 33632    | Y            | N          | Y             | N          |           |            |
| Connecticut Carpenters Health Fund                                                                      | 37307    | Y            | N          | Y             | N          |           |            |
| Connecticut Federal Employee Health Benefits                                                            | SB563    | Y            | N          |               |            |           |            |
| Connecticut Medicare                                                                                    | 12M04    |              |            | Y             | Y*         |           |            |
| Connecticut Medicare                                                                                    | SMCT0    | Y            | Y*         |               |            |           |            |
| Connective RX (PSKW)                                                                                    | PSKW0    | Y            | N          |               |            |           |            |
| Consociate Group                                                                                        | 37135    | Y            | N          | Y             | N          |           |            |
| Consolidated Associates Railroad Employees (CARE)                                                       | 75284    | Y            | N          | Y             | N          |           |            |
| Constitution State Travelers                                                                            | 19046    | Y            | N          | Y             | N          |           |            |
| Consumers Choice Health SC                                                                              | 45321    | Y            | N          | Y             | N          |           |            |
| Contessa Health                                                                                         | 99433    | Y            | N          | Y             | N          |           |            |
| Contessa Health                                                                                         | CH201    | Y            | N          | Y             | N          |           |            |
| Contessa Health Security Health Plan                                                                    | CH101    | Y            | N          | Y             | N          |           |            |
| Contigo Health                                                                                          | 34158    | Y            | N          | Y             | N          |           |            |
| Contra Costa Behavioral Health Plan                                                                     | CCMHP    | Y            | N          | Y             | N          |           |            |
| Contra County Health Services                                                                           | CNTRA    | Y            | N          | Y             | N          |           |            |
| Cook Childrens Health Plan                                                                              | TH104    | Y            | N          |               |            |           |            |
| Cook Children's Health Plan                                                                             | CCHP1    | Y            | N          | Y             | N          |           |            |
| Cook Childrens Star Plan                                                                                | THCP9    | Y            | N          | Y             | N          |           |            |
| Cook Children's Star Plan                                                                               | CCHP9    | Y            | N          | Y             | N          |           |            |
| Cook Group Health Plan                                                                                  | 35149    | Y            | N          | Y             | N          |           |            |
| COOK MEDICAL GROUP                                                                                      | 60065    | Y            | N          | Y             | N          |           |            |
| Coordinated Benefit Plan                                                                                | 14829    | Y            | N          | Y             | N          |           |            |
| Core Management Resources Group                                                                         | 58231    | Y            | N          | Y             | N          | Y         | N          |
| CoreSource of North Carolina (Start using new PayerID of 35182. Old payerID will start rejecting soon.) | 35180    | Y            | N          |               |            |           |            |
| CoreStar AZ MN (Start using new PayerID of 35182. Old payerID will start rejecting soon.)               | 41045    | Y            | N          |               |            |           |            |
| Corizon Health Inc.(Claims with address of Brentwood TN should be submitted to this Payer ID.)          | CORIZ    | Y            | N          | Y             | N          |           |            |
| Cornerstone Preferred Resources                                                                         | CB268    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                  | Payer ID | Professional |            | Institutional |            | Dental    |            |
|---------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                             |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Corporate Benefits Service Inc                                                              | 56116    | Y            | N          | Y             | N          |           |            |
| Corporate Plan Management Inc.                                                              | 64270    | Y            | N          | Y             | N          |           |            |
| CorrectCare Integrated Health                                                               | CCIH0    | Y            | N          |               |            |           |            |
| CorrectCare Integrated Health                                                               | CCIH0    |              |            | Y             | N          |           |            |
| CorrectCare Integrated Health                                                               | LADOC    | Y            | N          | Y             | N          |           |            |
| Correction Health Partners                                                                  | PHPMC    | Y            | N          | Y             | N          |           |            |
| Correctional Medical Services                                                               | PE036    | Y            | N          |               |            |           |            |
| County Care (Behavioral Health claims with a DOS prior to 4 1 16)                           | 42138    | Y            | N          | Y             | N          |           |            |
| County Care (Behavioral Health and regular claims with a DOS after 4 1 16)                  | 06541    | Y            | N          | Y             | N          |           |            |
| County Care (formerly Centene IPA ) Claims with a DOS prior to 4 1 16)                      | 42139    | Y            | N          | Y             | N          |           |            |
| Covenant Administrators Inc.                                                                | 58102    | Y            | N          | Y             | N          | Y         | N          |
| Covenant Admns LLC and 90 DeG                                                               | 41101    |              |            |               |            | Y         | N          |
| Covenant Management Systems Employee Benefit plan                                           | 12T60    |              |            | Y             | N          |           |            |
| Covenant Management Systems Employee Benefit plan                                           | CMSEB    | Y            | N          | Y             | N          |           |            |
| Covenant Management Systems Employee Benefit plan                                           | TH108    | Y            | N          |               |            |           |            |
| Coventry Health Care (Coventry old Legacy Payer ID's are still accepted.)                   | 25133    | Y            | N          | Y             | N          |           |            |
| Coventry Health Care of Florida                                                             | 128FL    | Y            | N          | Y             | N          |           |            |
| Coventry Health IN                                                                          | 25131    | Y            | N          |               |            |           |            |
| COVID19 HRSA Uninsured Testing and Treatment Fund                                           | 95964    | Y            | N          | Y             | N          |           |            |
| Cox Health Plan                                                                             | 00119    |              |            | Y             | N          |           |            |
| Cox Health Plan (Requires Provider ID in Box 33a. Contact Cox Health Plan for ID.)          | 00019    | Y            | N          |               |            |           |            |
| CPR Share Plan                                                                              | CB695    | Y            | N          | Y             | N          |           |            |
| Creative Plan Administrators                                                                | 37320    | Y            | N          | Y             | N          |           |            |
| Crystal Run Health Plans                                                                    | 46120    | Y            | N          | Y             | N          |           |            |
| Crystal Run Health Plans                                                                    | 46430    | Y            | N          | Y             | N          |           |            |
| CSI Network Services                                                                        | 34186    | Y            | N          | Y             | N          |           |            |
| CTI Administrators Inc                                                                      | 42141    | Y            | N          | Y             | N          |           |            |
| Custom Design Benefits Inc.                                                                 | 82056    | Y            | N          | Y             | N          |           |            |
| D. H. Evans and Associates (Call Jessica Picarde 410-349-3222 before sending this payerID.) | 25172    | Y            | N          | Y             | N          |           |            |
| DakotaCare                                                                                  | DAK01    | Y            | N          | Y             | N          |           |            |
| Dart Member Care                                                                            | CB987    | Y            | N          | Y             | N          |           |            |
| Davis Vision                                                                                | 00157    | Y            | Y          |               |            |           |            |
| Davis Vision                                                                                | V0QJA    | Y            | Y          |               |            |           |            |
| DCHS Medical Foundation                                                                     | DCHSF    | Y            | N          |               |            |           |            |
| Dean Health Plan                                                                            | DEAN1    | Y            | N          |               |            |           |            |
| DEAN HEALTH PLANS                                                                           | 41822    | Y            | N          | Y             | N          |           |            |
| DECENT HEALTH                                                                               | DCENT    | Y            | N          | Y             | N          |           |            |
| Delaware Medicare                                                                           | 12M76    |              |            | Y             | Y*         |           |            |
| Delaware Medicare                                                                           | SMDE0    | Y            | Y*         |               |            |           |            |
| Dell Children's Health Plan                                                                 | 74272    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                                                                 | Payer ID | Professional |            | Institutional |            | Dental    |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                                            |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Delta Dental (Maryland, Pennsylvania)                                                                                                                      | 23166    |              |            |               |            | Y         | N          |
| Delta Dental Georgia                                                                                                                                       | DDGA1    |              |            |               |            | Y         | N          |
| Delta Dental Indiana                                                                                                                                       | CDIN1    |              |            |               |            | Y         | N          |
| Delta Dental Iowa                                                                                                                                          | CDIA1    |              |            |               |            | Y         | N          |
| Delta Dental Kansas                                                                                                                                        | CDKS1    |              |            |               |            | Y         | N          |
| Delta Dental Kentucky                                                                                                                                      | CDKY1    |              |            |               |            | Y         | N          |
| Delta Dental Massachusetts                                                                                                                                 | 04614    |              |            |               |            | Y         | N          |
| Delta Dental Nebraska                                                                                                                                      | CDNE1    |              |            |               |            | Y         | N          |
| Delta Dental New Jersey                                                                                                                                    | 22189    |              |            |               |            | Y         | N          |
| Delta Dental New York                                                                                                                                      | 11198    |              |            |               |            | Y         | N          |
| Delta Dental North Carolina                                                                                                                                | 56101    |              |            |               |            | Y         | N          |
| Delta Dental Northeast (Maine, New Hampshire, Vermont)                                                                                                     | 02027    |              |            |               |            | Y         | N          |
| DELTA DENTAL OF ARKANSAS                                                                                                                                   | DELAR    |              |            |               |            | Y         | N          |
| DELTA DENTAL OF MICHIGAN                                                                                                                                   | 46094    |              |            |               |            | Y         | N          |
| DELTA DENTAL OF MISSOURI                                                                                                                                   | 43090    |              |            |               |            | Y         | N          |
| Delta Dental Ohio                                                                                                                                          | CDOH1    |              |            |               |            | Y         | N          |
| Delta Dental Oklahoma                                                                                                                                      | CDOK1    |              |            |               |            | Y         | N          |
| Delta Dental Oregon (Oregon Dental Service)                                                                                                                | CDOR1    |              |            |               |            | Y         | N          |
| Delta Dental Rhode Island                                                                                                                                  | 05029    |              |            |               |            | Y         | N          |
| Delta Dental South Carolina                                                                                                                                | 43091    |              |            |               |            | Y         | N          |
| Delta Dental Tennessee                                                                                                                                     | CDTN1    |              |            |               |            | Y         | N          |
| Delta Dental Virginia                                                                                                                                      | CDVA1    |              |            |               |            | Y         | N          |
| Delta Dental Wisconsin                                                                                                                                     | 39069    |              |            |               |            | Y         | N          |
| DELTA HEALTH SYSTEMS                                                                                                                                       | 94235    |              |            | Y             | N          |           |            |
| Delta Health Systems                                                                                                                                       | DHS01    | Y            | N          |               |            |           |            |
| DeltaCare USA                                                                                                                                              | DDCA2    |              |            |               |            | Y         | N          |
| Dental Select                                                                                                                                              | CX093    |              |            |               |            | Y         | N          |
| DentaQuest                                                                                                                                                 | 83244    |              |            |               |            | Y         | N          |
| Dentemax                                                                                                                                                   | AMS01    | Y            | N          |               |            |           |            |
| Denti-Cal                                                                                                                                                  | 94146    |              |            |               |            | Y         | N          |
| Denver Health Medical Plan                                                                                                                                 | 84135    | Y            | N          | Y             | N          |           |            |
| Denver Health Medical Plan, Inc                                                                                                                            | 65456    | Y            | N          |               |            |           |            |
| Deseret Mutual                                                                                                                                             | 12X35    |              |            | Y             | Y          |           |            |
| Deseret Mutual                                                                                                                                             | SX105    | Y            | Y          |               |            |           |            |
| Desert Family Practice Association                                                                                                                         | PPM01    | Y            | N          | Y             | N          |           |            |
| Desert Medical Group                                                                                                                                       | DESRT    | Y            | N          |               |            |           |            |
| Desert Valley Medical Group                                                                                                                                | DVMC1    | Y            | N          |               |            |           |            |
| DGA - Diversified Group Administrators                                                                                                                     | 25160    | Y            | N          | Y             | N          |           |            |
| Dignity Global                                                                                                                                             | MPM27    | Y            | N          | Y             | N          |           |            |
| Dignity HCLA                                                                                                                                               | MPM28    | Y            | N          | Y             | N          |           |            |
| Dignity Health - Sacramento Hospital claim shop for Mercy Medical Group<br>Woodland Clinic Medical Group and Hill Physicians Medical group (hospital risk) | HOSH1    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                     | Payer ID<br>PID | Professional |            | Institutional |            | Dental    |            |
|----------------------------------------------------------------------------------------------------------------|-----------------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                |                 | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Dignity Health Medical Foundation for Mercy Medical Group or Woodland Clinic Medical Group (professional risk) | PROH1           | Y            | N          | Y             | N          |           |            |
| Dignity Health Medical Group - Inland Empire (professional risk)                                               | PROH4           | Y            | N          | Y             | N          |           |            |
| Dignity Health Medical Group (Inland Empire)                                                                   | DHFIE           | Y            | N          | Y             | N          |           |            |
| Dignity Medical Foundation Professional Capitated NonPayment                                                   | PROHC           | Y            | N          | Y             | N          |           |            |
| Direct Care Administrators                                                                                     | DCA62           | Y            | N          | Y             | N          |           |            |
| DIRECTCARE                                                                                                     | 55731           | Y            | N          | Y             | N          |           |            |
| District of Columbia Medicare                                                                                  | 12M63           |              |            | Y             | Y*         |           |            |
| District of Columbia Medicare                                                                                  | SMDC0           | Y            | Y*         |               |            |           |            |
| DMERC Region A (Testing is required for claims requiring CMNs.)                                                | DMERA           | Y            | Y          |               |            |           |            |
| DMERC Region B (Testing is required for claims requiring CMNs.)                                                | DMERB           | Y            | Y          |               |            |           |            |
| DMERC Region C (Testing is required for claims requiring CMNs.)                                                | DMERC           | Y            | Y          |               |            |           |            |
| DMERC Region D (Testing is required for claims requiring CMNs.)                                                | DMERD           | Y            | Y          |               |            |           |            |
| Doctors Healthcare Plan                                                                                        | DRHCP           | Y            | N          | Y             | N          |           |            |
| DOLTON MEDICAL GROUP                                                                                           | DOLMG           | Y            | N          | Y             | N          |           |            |
| Downey Select IPA (Applecare Medical Mgmt)                                                                     | APP01           | Y            | N          | Y             | N          |           |            |
| DPC CORE INCORPORATED                                                                                          | 23212           | Y            | N          | Y             | N          |           |            |
| DPSC INC                                                                                                       | A6864           | Y            | N          |               |            |           |            |
| Dreyer Medical                                                                                                 | DREYR           | Y            | N          |               |            |           |            |
| Driscoll Childrens Health Plan (CHIP)                                                                          | 74284           | Y            | N          | Y             | N          |           |            |
| Dunn and Associates Benefits Administrators Inc.                                                               | 35186           | Y            | N          |               |            |           |            |
| E.S. Beveridge and Associates                                                                                  | 34108           | Y            | N          | Y             | N          |           |            |
| Early Intervention Central Billing                                                                             | 36434           | Y            | N          |               |            |           |            |
| Early Intervention Central Billing                                                                             | TH084           | Y            | N          |               |            |           |            |
| East Bay Medical Network                                                                                       | IP130           | Y            | N          |               |            |           |            |
| East Boston Neighborhood Pace                                                                                  | 25849           | Y            | N          | Y             | N          |           |            |
| Eastern Main Healthcare Systems (EMHS)                                                                         | 16565           | Y            | N          | Y             | N          |           |            |
| Eastland Medical Group                                                                                         | 66122           | Y            | N          | Y             | N          |           |            |
| Eastland Medical Group                                                                                         | EMG11           | Y            | N          | Y             | N          |           |            |
| Eastpointe                                                                                                     | 08044           | Y            | N          |               |            |           |            |
| Easy Care MSO LLC                                                                                              | ECMSO           | Y            | N          | Y             | N          |           |            |
| Easy Choice Health Plan of NY                                                                                  | 24770           | Y            | N          |               |            |           |            |
| Eberle Vivian                                                                                                  | EV001           | Y            | N          | Y             | N          |           |            |
| EBMS                                                                                                           | 12X44           |              |            | Y             | N          |           |            |
| EBMS (Employee Benefit Management Services Inc)                                                                | 81039           | Y            | N          | Y             | N          |           |            |
| Educators Mutual (EMIA) (Enrollment required contact EMIA to enroll 800-362-0533 Opt. 2)                       | SX110           | Y            | N          | Y             | N          |           |            |
| EHI (Employers Health Insurance)                                                                               | 73288           | Y            | N          |               |            |           |            |
| EI Paso First - CHIP                                                                                           | EPF03           | Y            | N          | Y             | N          |           |            |
| EL Paso First Health Plan HCO Healthcare Options                                                               | EPF37           | Y            | N          | Y             | N          |           |            |
| EL PASO HEALTH ADVANTAGE DUAL SNP (HMO D-SNP)                                                                  | EPF07           | Y            | N          | Y             | N          |           |            |
| EI Paso Health-CHIP                                                                                            | TH090           | Y            | N          |               |            |           |            |

| Payer Name                                                                                             | Payer ID | Professional |            | Institutional |            | Dental    |            |
|--------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                        |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| El Paso Health-STAR                                                                                    | TH089    | Y            | Y          |               |            |           |            |
| El Proyecto Del Barrio IPA                                                                             | MPM04    | Y            | N          |               |            |           |            |
| ElderPlan Inc. (Elderplan Provider ID necessary on all claims. Contact (718)921-7979 for Provider ID.) | 31625    | Y            | N          | Y             | N          |           |            |
| Element Care                                                                                           | 04326    | Y            | N          | Y             | N          |           |            |
| Ellis Consultants INC.                                                                                 | ECISF    | Y            | N          |               |            |           |            |
| Elmcare                                                                                                | NAELM    | Y            | N          | Y             | N          |           |            |
| Elmco                                                                                                  | 37253    | Y            | N          | Y             | N          |           |            |
| Emblem Health                                                                                          | 13551    | Y            | N          | Y             | N          |           |            |
| Emblem Health                                                                                          | 22264    | Y            | N          | Y             | N          |           |            |
| Emblem Health                                                                                          | 25531    | Y            | N          | Y             | N          |           |            |
| Emblem Health                                                                                          | 55247    | Y            | N          | Y             | N          |           |            |
| Emblem Health                                                                                          | 78375    | Y            | N          | Y             | N          |           |            |
| Emblem Health                                                                                          | 81336    | Y            | N          | Y             | N          |           |            |
| Emblem Health                                                                                          | 06105    | Y            | N          | Y             | N          |           |            |
| Emblem Health                                                                                          | A3551    |              |            | Y             | N          |           |            |
| Emblem Health                                                                                          | E2264    |              |            | Y             | N          |           |            |
| Emblem Health                                                                                          | E5247    |              |            | Y             | N          |           |            |
| Emblem Health                                                                                          | U5531    |              |            | Y             | N          |           |            |
| Emblem Health                                                                                          | U6105    |              |            | Y             | N          |           |            |
| Emblem Health                                                                                          | U8375    |              |            | Y             | N          |           |            |
| Emblem Health                                                                                          | D3551    |              |            |               |            | Y         | N          |
| Emerald Health                                                                                         | 16755    | Y            | N          | Y             | N          |           |            |
| EMPIRE BC - ANTHEM BC NY                                                                               | 00303    |              |            | Y             | N          |           |            |
| EMPIRE BCBS - ANTHEM BCBS NY                                                                           | 00803    | Y            | N          |               |            |           |            |
| Empire Physician's Medical Group                                                                       | EMP01    | Y            | N          |               |            |           |            |
| Employee Benefit Administration & Management (EBA&M)                                                   | 95288    | Y            | N          | Y             | N          |           |            |
| Employee Benefit Management Corp.                                                                      | 31074    | Y            | N          | Y             | N          |           |            |
| Employee Benefit Management Services (EBMS)                                                            | 36459    |              |            | Y             | N          |           |            |
| Employee Benefit Systems                                                                               | 42149    | Y            | N          | Y             | N          | Y         | N          |
| Employee Benefits Administration & Management (EBA&M)                                                  | 22262    | Y            | N          |               |            |           |            |
| Employee Logistics                                                                                     | 92135    | Y            | N          | Y             | N          |           |            |
| Employee Plans LLC                                                                                     | 35112    | Y            | N          | Y             | N          | Y         | N          |
| Employees Mutual (EMC)                                                                                 | 21415    | Y            | N          | Y             | N          |           |            |
| Employer Plan Services Inc.                                                                            | 74212    | Y            | N          |               |            |           |            |
| Employers Coalition On Health (ECOH)                                                                   | 27008    | Y            | N          | Y             | N          |           |            |
| Employers Direct Health - Employee Plan                                                                | 75236    | Y            | N          | Y             | N          |           |            |
| Employers Direct Health - FI                                                                           | 75235    | Y            | N          | Y             | N          |           |            |
| Employers Direct Health - SF                                                                           | 75233    | Y            | N          | Y             | N          |           |            |
| EMPLOYERS HEALTH NETWORK                                                                               | IHS07    | Y            | N          | Y             | N          |           |            |
| Employers Mutual Inc. (Florida Providers only)                                                         | 59298    | Y            | N          | Y             | N          |           |            |
| Empower Arkansas                                                                                       | 12956    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                                                         | Payer ID | Professional |            | Institutional |            | Dental    |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                                    |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Enterprise Group Planning                                                                                                                          | EGPIN    | Y            | N          | Y             | N          |           |            |
| Entrust                                                                                                                                            | 36878    | Y            | N          | Y             | N          |           |            |
| Involve Health                                                                                                                                     | 46278    |              |            |               |            | Y         | N          |
| Eon Health                                                                                                                                         | 73780    | Y            | N          | Y             | N          |           |            |
| Epic Life - WPS                                                                                                                                    | 12X29    |              |            | Y             | N          |           |            |
| EPN - Seton Health Plan Exclusive (Provider ID required)                                                                                           | EPNSH    | Y            | N          | Y             | N          |           |            |
| eRx Dmerc Walgreens                                                                                                                                | SERXA    | Y            | N          |               |            |           |            |
| eRx Dmerc Walgreens                                                                                                                                | SERXW    | Y            | N          |               |            |           |            |
| ESSENCE HEALTHCARE                                                                                                                                 | 20818    | Y            | N          | Y             | N          |           |            |
| Essence Healthcare                                                                                                                                 | 57082    | Y            | N          |               |            |           |            |
| Essence Healthcare - CA                                                                                                                            | 46407    | Y            | N          | Y             | N          |           |            |
| Essential Health Partner                                                                                                                           | EHPSC    | Y            | N          | Y             | N          |           |            |
| Essential Health Partners                                                                                                                          | EIPA9    | Y            | N          | Y             | N          |           |            |
| Everence                                                                                                                                           | EV483    |              |            |               |            | Y         | N          |
| EVOLUTIONS HEALTHCARE SYSTEMS                                                                                                                      | 59313    | Y            | N          | Y             | N          |           |            |
| Evry Health                                                                                                                                        | EH001    | Y            | N          | Y             | N          |           |            |
| Exceedent LLC                                                                                                                                      | 22344    | Y            | N          | Y             | N          |           |            |
| Excellus BCBS New York Rochest                                                                                                                     | SB804    | Y            | N          | Y             | N          |           |            |
| EXCELLUS BCBS NEW YORK UTICA WATERTOWN                                                                                                             | SB806    | Y            | N          |               |            |           |            |
| Exclusive Care (ALL providers must contact Exclusive Care prior to submitting claims electronically. Please contact Martha Cuevas at 951-955-8853) | EC999    | Y            | N          | Y             | N          |           |            |
| Extended Care                                                                                                                                      | 46166    | Y            | N          | Y             | N          |           |            |
| Eye Specialists (Provider ID number required in Box33a or Box24J)                                                                                  | BVES1    | Y            | N          |               |            |           |            |
| Eyefinity VSP                                                                                                                                      | 94163    | Y            | N          |               |            |           |            |
| EyeMed                                                                                                                                             | 31165    | Y            | Y          |               |            |           |            |
| EyeMed Vision Care                                                                                                                                 | 85431    | Y            | Y          |               |            |           |            |
| Facey Medical Foundation                                                                                                                           | 95432    | Y            | N          |               |            |           |            |
| Falling Colors                                                                                                                                     | FCC20    | Y            |            | Y             | N          |           |            |
| Fallon (Transplant claims)                                                                                                                         | FT254    | Y            | N          | Y             | N          |           |            |
| Fallon Community Health                                                                                                                            | 22254    | Y            | N          | Y             | N          |           |            |
| Family Care - Milwaukee WI                                                                                                                         | 60995    | Y            | N          | Y             | N          |           |            |
| Family Care Specialists                                                                                                                            | MPM40    | Y            | N          | Y             | N          |           |            |
| Family Care Specialists IPA                                                                                                                        | FCS01    | Y            | N          |               |            |           |            |
| Family Health Network                                                                                                                              | PA079    |              |            | Y             | N          |           |            |
| Family Medical Network                                                                                                                             | 36396    | Y            | N          | Y             | N          |           |            |
| Family Practice Medical Group                                                                                                                      | 10145    | Y            | N          | Y             | N          |           |            |
| Farm Bureau Health Plans MAPD                                                                                                                      | RP061    | Y            | N          | Y             | N          |           |            |
| Farm Family Life                                                                                                                                   | 14140    | Y            | N          | Y             | N          |           |            |
| FCE Benefit Administrators                                                                                                                         | 33033    | Y            | N          | Y             | N          |           |            |
| Federal Employee Program (Connecticut)                                                                                                             | C2BLS    | Y            | N          |               |            |           |            |
| Federally Qualified Healthcare                                                                                                                     | FQHC1    |              |            | Y             | Y          |           |            |
| Fenix Med Group                                                                                                                                    | 60818    | Y            | N          | Y             | N          |           |            |



| Payer Name                                                           | Payer ID | Professional |            | Institutional |            | Dental    |            |
|----------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                      |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Fidelis Care New York                                                | 11315    | Y            | N          | Y             | N          |           |            |
| Fire Department City of New York                                     | 40043    | Y            | N          |               |            |           |            |
| Fire Department City of New York World Trade Center Health           | FDNYP    | Y            | N          |               |            |           |            |
| FIREFLY HEALTH                                                       | FRFLY    | Y            | N          | Y             | N          |           |            |
| First Agency                                                         | 88055    | Y            | N          | Y             | N          |           |            |
| First Carolina Care                                                  | 56196    | Y            | N          | Y             | N          |           |            |
| First Choice Health Network                                          | 91131    | Y            | N          | Y             | N          |           |            |
| First Choice Medical Group                                           | FCMG1    | Y            | N          |               |            |           |            |
| First Choice Next A Product of Select Health of South Carolina, Inc. | 57103    | Y            | N          | Y             | N          |           |            |
| First Choice VIP Care                                                | 32456    | Y            | N          | Y             | N          |           |            |
| First Continental Life and Accident                                  | CX090    |              |            |               |            | Y         | N          |
| First Solution                                                       | FS802    | Y            | N          |               |            |           |            |
| FirstCare                                                            | 94999    | Y            | N          | Y             | N          |           |            |
| FirstCare Health Plans                                               | 12T03    |              |            | Y             | N          |           |            |
| FirstCare Health Plans                                               | TH003    | Y            | N          |               |            |           |            |
| FirstCarolinaCare - New - Restricted                                 | FCC02    |              |            | Y             | N          |           |            |
| FirstCarolinaCare (Illinois)                                         | FCC01    | Y            | N          | Y             | N          |           |            |
| FirstGuard Health Plan-Kansas                                        | 90060    |              |            | Y             | Y          |           |            |
| FirstGuard Missouri                                                  | 90061    |              |            | Y             | Y          |           |            |
| Fitzharris & Company                                                 | 11244    | Y            | N          |               |            |           |            |
| FL MCO PHC PHP                                                       | 95411    | Y            | N          | Y             | N          | Y         | N          |
| FL State Employees                                                   | FLEMP    | Y            | N          |               |            |           |            |
| Florida 1st - Winterhaven Florida                                    | 59276    | Y            | N          |               |            |           |            |
| Florida Blue Cross Blue Shield Health Options HMO                    | SX030    | Y            | N          |               |            |           |            |
| Florida Community Care                                               | FLCCR    | Y            | N          | Y             | N          |           |            |
| Florida Complete Care                                                | FLCPC    | Y            | N          | Y             | N          |           |            |
| Florida Health Plan                                                  | 59322    | Y            | N          | Y             | N          |           |            |
| Florida Hospital VBR                                                 | VB001    | Y            | N          | Y             | N          |           |            |
| Florida Medicare                                                     | 12M34    |              |            | Y             | Y*         |           |            |
| Florida Medicare                                                     | SMFLO    | Y            | Y*         |               |            |           |            |
| Florida Pace Centers                                                 | FLPAC    | Y            | N          | Y             | N          |           |            |
| Flume Health INC                                                     | FH205    | Y            | N          | Y             | N          |           |            |
| Forest County Potawatomi Ins Dept                                    | 25059    | Y            | N          |               |            |           |            |
| Foundation Health of CA                                              | FH001    | Y            | N          |               |            |           |            |
| Fox Valley Medicine Site 199                                         | FVMCH    | Y            | N          | Y             | N          |           |            |
| Fox Valley Medicine Site 451                                         | FVMC1    | Y            | N          |               |            |           |            |
| Fox-Everett Inc.                                                     | 64069    | Y            | N          | Y             | N          | Y         | N          |
| Freedom Health                                                       | 21214    |              |            | Y             | N          |           |            |
| Freedom Health Plan                                                  | 41212    | Y            | N          | Y             | N          |           |            |
| Freedom Life Insurance Company                                       | 62324    | Y            | N          | Y             | N          |           |            |
| Fresenius Medical Care                                               | TH118    | Y            | N          |               |            |           |            |
| Fresno PACE                                                          | 99660    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                      | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                 |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Friday Health Plan                                                                              | A2700    | Y            | N          | Y             | N          |           |            |
| Fringe Benefit Coordinators                                                                     | 59204    | Y            | N          | Y             | N          | Y         | N          |
| GALVESTON COUNTY INDIGENT HEAL                                                                  | 30005    | Y            | N          | Y             | N          |           |            |
| Gateway Health Plan ((Yellow Card). Check the ID card to verify the Payer ID before submitting) | 60550    | Y            | N          | Y             | N          |           |            |
| Gateway Health Plan of Ohio Inc.                                                                | 76028    | Y            | N          | Y             | N          |           |            |
| Gateway to Better Health                                                                        | 4317M    | Y            | N          |               |            |           |            |
| GBS Global Benefit                                                                              | CB951    | Y            | N          | Y             | N          |           |            |
| GBS Group Benefit Services                                                                      | 80241    | Y            |            | Y             | N          |           |            |
| Geisinger Health Plan                                                                           | 75273    | Y            | N          | Y             | N          |           |            |
| GEMCare (Golden Empire Managed Care System)                                                     | MCS01    | Y            | N          | Y             | N          |           |            |
| Gemcare Health Plan                                                                             | MCS03    | Y            | N          | Y             | N          |           |            |
| GENERAL AMERICAN LIFE INSURANCE COMPANY                                                         | 63665    | Y            | N          | Y             | N          |           |            |
| Genesis Health Care                                                                             | IP105    | Y            | N          |               |            |           |            |
| Georgia Health Advantage                                                                        | 31140    | Y            | N          | Y             | N          |           |            |
| Georgia Health Advantage                                                                        | A2327    | Y            | N          | Y             | N          |           |            |
| Georgia Medicare                                                                                | 12M05    |              |            | Y             | Y*         |           |            |
| Georgia Medicare                                                                                | SMGA0    | Y            | Y*         |               |            |           |            |
| Gettysburg Health (Including Core Value.)                                                       | 23274    | Y            | N          | Y             | N          |           |            |
| GHA ORTHOPEDIC PROVIDERS INC                                                                    | GHAOP    | Y            | N          | Y             | N          |           |            |
| GHP (Group Health Plan)                                                                         | 25141    | Y            | N          |               |            |           |            |
| Gilsbar Inc                                                                                     | 07205    | Y            | N          | Y             | N          |           |            |
| Global Care Inc                                                                                 | 07689    | Y            | N          | Y             | N          |           |            |
| Global Care Med Grp IPA                                                                         | MPM05    | Y            | N          | Y             | N          |           |            |
| Global One Ventures                                                                             | GLOBA    | Y            | N          | Y             | N          |           |            |
| GLOBAL REPRICING SOLUTIONS                                                                      | IHS06    | Y            | N          | Y             | N          |           |            |
| Global TBSP                                                                                     | MPM64    | Y            | N          | Y             | N          |           |            |
| GLOBAL WOMENS HEALTH PROVIDERS INC                                                              | GHAWH    | Y            | N          | Y             | N          |           |            |
| GlobalHealth Inc.                                                                               | GHOKC    | Y            | N          | Y             | N          |           |            |
| GlobalHealth Inc.                                                                               | GHTX0    | Y            | N          | Y             | N          |           |            |
| GMMI CC                                                                                         | GMICC    | Y            | N          | Y             | N          |           |            |
| GMR HEALTHCARE                                                                                  | 85664    | Y            | N          | Y             | N          |           |            |
| GMS Inc                                                                                         | 47083    | Y            | N          | Y             | N          |           |            |
| Gold Coast                                                                                      | 77160    | Y            | N          | Y             | N          |           |            |
| GOLD KIDNEY HEALTH PLAN                                                                         | A6865    | Y            | N          | Y             | N          |           |            |
| Golden Rule (UnitedHealthOne)                                                                   | 37602    | Y            | N          | Y             | N          |           |            |
| Golden Shore Medical Group (GSMG)                                                               | NMM03    | Y            | N          | Y             | N          |           |            |
| GONZABA MEDICAL GROUP                                                                           | GMGSA    | Y            | N          | Y             | N          |           |            |
| Good Samaritan Medical Practice Association (GSMPA)                                             | IP086    | Y            | N          |               |            |           |            |
| Good Shepherd Hospice                                                                           | 76923    | Y            | N          | Y             | N          |           |            |
| Government Employees Health Association Inc. (GEHA)                                             | 44054    | Y            | N          | Y             | N          | Y         | N          |
| Government Employees Health Association Inc. (GEHA)                                             | 57254    | Y            | N          | Y             | N          | Y         | N          |

| Payer Name                                                                                                                    | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                               |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| GRAVIE                                                                                                                        | 90923    | Y            | N          | Y             | N          |           |            |
| Gravie Inc.                                                                                                                   | GRV01    | Y            | N          | Y             | N          |           |            |
| Great Lakes PACE                                                                                                              | 39640    | Y            | N          | Y             | N          |           |            |
| Greater Covina Medical Group                                                                                                  | 99284    | Y            | N          |               |            |           |            |
| Greater Covina Medical Group                                                                                                  | GCMG1    | Y            | N          |               |            |           |            |
| Greater Newport IPA                                                                                                           | GNPMG    | Y            | N          |               |            |           |            |
| Greater Newport Physicians Medical Group                                                                                      | 33010    | Y            | N          | Y             | N          |           |            |
| Greater Orange IPA                                                                                                            | NMM01    | Y            | N          | Y             | N          |           |            |
| Greater Oregon Behavioral Health                                                                                              | GOBHI    | Y            | N          |               |            |           |            |
| Greater Tricities IPA (Noble AMA Select)                                                                                      | PDT01    | Y            | N          | Y             | N          |           |            |
| Great-West Life                                                                                                               | 80705    | Y            | N          | Y             | N          |           |            |
| Group Administrators Ltd.                                                                                                     | 36338    | Y            | N          | Y             | N          | Y         | N          |
| Group Administrators Self-Funded Alternative                                                                                  | GASA1    | Y            | N          |               |            |           |            |
| Group and Pension Administrators                                                                                              | 48143    | Y            | N          | Y             | N          |           |            |
| Group Health Co-op                                                                                                            | 12X16    |              |            | Y             | N          |           |            |
| Group Health Cooperative of Eau Claire                                                                                        | 95192    | Y            | N          | Y             | N          |           |            |
| Group Health Cooperative of South Central Wisconsin Claims                                                                    | 39167    | Y            | N          | Y             | N          |           |            |
| Group Health Cooperative of South Central Wisconsin Encounters                                                                | 39168    | Y            | N          |               |            |           |            |
| Group Insurance Service Center INC                                                                                            | 37276    | Y            | N          | Y             | N          |           |            |
| Group Marketing Services INC                                                                                                  | 66701    | Y            | N          | Y             | N          |           |            |
| Group Resources PHCS                                                                                                          | 28680    | Y            | N          | Y             | N          |           |            |
| Gulf South                                                                                                                    | 60389    | Y            | N          | Y             | N          |           |            |
| Gulf South Risk Services                                                                                                      | 60652    | Y            | N          | Y             | N          |           |            |
| Gulf Stream General Dynamics                                                                                                  | CB624    | Y            | N          | Y             | N          |           |            |
| Gundersen Lutheran Health Plan                                                                                                | 39180    | Y            | N          | Y             | N          |           |            |
| Halcyon Behavioral Health                                                                                                     | HALCY    | Y            | N          | Y             | N          |           |            |
| Hamaspik Choice Inc.                                                                                                          | 47738    | Y            | N          | Y             | N          |           |            |
| Hammerman & Gainer                                                                                                            | 97258    | Y            | N          |               |            |           |            |
| Harbor Advantage                                                                                                              | 58305    | Y            | N          | Y             | N          |           |            |
| Harken Health                                                                                                                 | 43313    | Y            | N          | Y             | N          |           |            |
| Harmony Health Plan of Illinois (Wellcare Provider ID required call (800) 960-2530 opt. 2 then 5)                             | 36406    | Y            | N          | Y             | N          |           |            |
| Harmony Health Plan of Indiana (Only claims for Indiana Hoosier Healthwise members can be sent to this payer electronically.) | 36405    | Y            | N          | Y             | N          |           |            |
| HARRINGTON BENEFIT SERVICES                                                                                                   | 95266    | Y            | N          | Y             | N          |           |            |
| Harrington Health                                                                                                             | 59143    | Y            | N          | Y             | N          | Y         | N          |
| Harrington Health - Kansas ((Formerly known as Fiserv Health-Kansas)                                                          | 62061    | Y            | N          | Y             | N          |           |            |
| Harvard Pilgrim                                                                                                               | 04271    | Y            | N          | Y             | N          |           |            |
| Hawaii / Guam Medicare                                                                                                        | SMHI0    | Y            | Y*         |               |            |           |            |
| Hawaii Medical Assurance Association (HMAA)                                                                                   | 48330    | Y            | N          | Y             | N          |           |            |
| Hawaii Western Management (HWMG)                                                                                              | 99208    | Y            | N          | Y             | N          |           |            |
| Hawki (Provider ID Required)                                                                                                  | 86068    | Y            | N          |               |            |           |            |

| Payer Name                                                  | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                             |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| HCC Life Insurance                                          | HCCMI    | Y            | N          |               |            |           |            |
| HCH Administration                                          | 37111    | Y            | N          | Y             | N          |           |            |
| HCP Nevada                                                  | 20501    | Y            | N          | Y             | N          |           |            |
| HCSC Insurance Services Company                             | 84980    | Y            | N          | Y             | N          |           |            |
| HDM Benefit Solutions                                       | HDMCO    | Y            | N          |               |            |           |            |
| HDPC - Premier Healthcare                                   | 90023    | Y            | N          |               |            |           |            |
| Health 2 Business                                           | 55213    | Y            | N          | Y             | N          |           |            |
| Health Alliance Medical Plans of Illinois                   | 77950    | Y            | N          | Y             | N          |           |            |
| Health Alliance Medical Plans of Illinois                   | 77951    | Y            | N          |               |            |           |            |
| Health Alliance Plan of Michigan                            | 38224    | Y            | N          | Y             | N          |           |            |
| Health Care District                                        | 95828    |              |            | Y             | N          |           |            |
| Health Care Network of Wisconsin (HCN)                      | 42102    | Y            | N          | Y             | N          |           |            |
| Health Choice BCBSAZ ACA                                    | RP105    | Y            | N          | Y             | N          | Y         | N          |
| Health Choice Generations                                   | 62180    | Y            | N          | Y             | N          |           |            |
| Health Choice of AZ                                         | 62179    | Y            | N          | Y             | N          | Y         | N          |
| Health Choice Utah                                          | 45399    | Y            | N          | Y             | N          |           |            |
| Health Claims Service                                       | 82018    | Y            | N          |               |            |           |            |
| Health Cost Solutions                                       | 62111    | Y            | N          | Y             | N          |           |            |
| HEALTH ECONOMICS                                            | 75196    | Y            | N          | Y             | N          |           |            |
| Health First Health Plans                                   | 95019    | Y            | N          | Y             | N          |           |            |
| Health First-Tyler TX                                       | 75234    | Y            | N          | Y             | N          |           |            |
| Health Help Networks Inc.                                   | 59087    | Y            | N          | Y             | N          |           |            |
| HEALTH IN TECH                                              | IHS09    | Y            | N          | Y             | N          |           |            |
| Health Kids I Par Plus                                      | M3FL3    |              |            | Y             | N          |           |            |
| Health Management Admin                                     | 12T11    |              |            | Y             | N          |           |            |
| Health Net - California                                     | 95568    |              |            | Y             | N          |           |            |
| Health Net (of California)                                  | 95567    | Y            | N          | Y             | N          |           |            |
| Health Net of Arizona                                       | AZHNT    | Y            | N          |               |            |           |            |
| Health Net Oregon                                           | 22340    | Y            | N          |               |            |           |            |
| Health Network One                                          | 65062    | Y            | N          |               |            |           |            |
| Health New England                                          | 04286    | Y            | N          | Y             | N          |           |            |
| Health Options of Florida (Blue Shield HMO)                 | FLHLT    | Y            | N          |               |            |           |            |
| Health Options of Florida (Blue Shield HMO) ENCOUNTERS ONLY | FLENC    | Y            | N          |               |            |           |            |
| Health Partners                                             | 07003    | Y            | N          | Y             | Y          |           |            |
| Health Partners PA                                          | 80142    | Y            | N          | Y             | N          |           |            |
| Health Plan of Michigan (Now known as Meridian Health Plan) | 83253    | Y            | N          | Y             | N          |           |            |
| Health Plan of San Joaquin                                  | 68035    | Y            | N          | Y             | N          |           |            |
| Health Plan of San Mateo                                    | 12X74    |              |            | Y             | N          |           |            |
| Health Plan of San Mateo                                    | HPSM1    | Y            | N          |               |            |           |            |
| Health Plan of San Mateo                                    | SX174    | Y            | N          |               |            |           |            |
| Health Plans Inc.                                           | 44273    | Y            | N          | Y             | N          |           |            |
| Health Plus of Michigan                                     | U8216    |              |            | Y             | N          |           |            |

| Payer Name                                                                                                                              | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                         |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Health Plus Physicians Organization                                                                                                     | 63363    | Y            | N          | Y             | N          |           |            |
| Health Safety Network Massachu                                                                                                          | 12K48    |              |            | Y             | Y          |           |            |
| Health Select IPA (Enrollment required. Contact 866-703-1444.)                                                                          | M3IL1    | Y            | N          |               |            |           |            |
| Health Services Management Inc. (NOTE ANSI submitters can also submit to plans AHP CMS ONP PCI PHP and VHP with proper value in SBR04.) | HSM01    | Y            | N          |               |            |           |            |
| Health Services Mgmt Magellen Health                                                                                                    | 41150    | Y            | N          |               |            |           |            |
| Health Srv Pref. (HSP) Emerald Hlth                                                                                                     | 34167    | Y            | N          | Y             | N          |           |            |
| Health Systems Inc                                                                                                                      | 11889    | Y            | N          | Y             | N          |           |            |
| Health Texas Medical Group                                                                                                              | HTHTX    | Y            | N          |               |            |           |            |
| HealthBridge                                                                                                                            | 74853    | Y            | N          | Y             | N          |           |            |
| Healthcare Highways                                                                                                                     | HCH01    | Y            | N          | Y             | N          |           |            |
| Healthcare Highways Health Plan                                                                                                         | HCHHP    | Y            | N          | Y             | N          |           |            |
| Healthcare Highways Health Plan                                                                                                         | UCHHP    |              |            | Y             | N          |           |            |
| Healthcare LA IPA                                                                                                                       | MPM06    | Y            | N          | Y             | N          |           |            |
| Healthcare Management Administrators Inc. (also known as HMA servicing Western Region)                                                  | HMA01    | Y            | N          | Y             | N          |           |            |
| Healthcare Partners                                                                                                                     | HCP01    | Y            | N          | Y             | N          |           |            |
| HealthCare Partners IPA (Formerly Heritage New York Medical Group)                                                                      | 11328    | Y            | N          | Y             | N          |           |            |
| Healthcare Resources NW                                                                                                                 | 56731    | Y            | N          | Y             | N          |           |            |
| Healthcare Resources NW                                                                                                                 | PE063    | Y            | N          | Y             | N          |           |            |
| HealthCare Solutions Group                                                                                                              | 73147    | Y            | N          | Y             | N          |           |            |
| Healthcare Strategic Initiatives                                                                                                        | HSICS    | Y            | N          | Y             | N          |           |            |
| Healthchoice (formerly payer ID 22521)                                                                                                  | 71064    | Y            | N          | Y             | N          | Y         | N          |
| HealthChoice Dept of Corrections & Rehab                                                                                                | 71065    | Y            | N          | Y             | N          | Y         | N          |
| HEALTHCHOICE SELECT                                                                                                                     | 71070    | Y            | N          | Y             | N          |           |            |
| Healthcomp                                                                                                                              | 85729    | Y            | N          | Y             | N          |           |            |
| Healthease                                                                                                                              | 59608    | Y            | N          | Y             | N          |           |            |
| HealthEdge Administrators (PayerID valid for claims with a submission address of PO Box 11210 Bakersfield CA 93389)                     | 95213    | Y            | N          |               |            |           |            |
| Healthfirst Inc. (NY)                                                                                                                   | 80141    | Y            | N          | Y             | N          |           |            |
| Healthfirst of Austin TPA                                                                                                               | 75289    | Y            | N          | Y             | N          |           |            |
| Healthgram                                                                                                                              | 56144    | Y            | N          | Y             | N          | Y         | N          |
| HEALTHLINK PPO                                                                                                                          | 90001    | Y            | N          | Y             | N          |           |            |
| Healthnet of AZ                                                                                                                         | 38309    | Y            | N          | Y             | N          |           |            |
| HEALTHNOW BCBS NEW YORK NORTHEASTERN                                                                                                    | SB800    | Y            | N          |               |            |           |            |
| Healthnow BCBS New York Wester                                                                                                          | 12B39    |              |            | Y             | N          |           |            |
| Healthnow BCBS New York Western                                                                                                         | SB801    | Y            | N          |               |            |           |            |
| HEALTHNOW NEW YORK INCORPORATED                                                                                                         | 55204    | Y            | N          |               |            |           |            |
| HealthPartners of Minnesota                                                                                                             | 12X51    |              |            | Y             | N          |           |            |
| HealthPartners of Minnesota                                                                                                             | 55764    | Y            | N          | Y             | N          |           |            |
| HealthPartners of Minnesota                                                                                                             | SX009    | Y            | N          |               |            |           |            |
| Healthplus Amerigroup                                                                                                                   | 27514    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                         | Payer ID | Professional |            | Institutional |            | Dental    |            |
|--------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                    |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Healthscope                                                                                                        | 40026    | Y            | N          | Y             | N          |           |            |
| HealthSCOPE Benefits INC                                                                                           | 71063    | Y            | N          | Y             | N          |           |            |
| HEALTHSCOPE BENEFITS EHC REPRICING                                                                                 | 52429    | Y            | N          | Y             | N          |           |            |
| Healthsmart Accel                                                                                                  | 75237    | Y            | N          | Y             | N          |           |            |
| Healthsmart Benefit Solutions (Wells Fargo TPA formerly Acordia National)                                          | 87815    | Y            | N          | Y             | N          |           |            |
| Healthsmart Mgmt Services Org Inc                                                                                  | A0067    | Y            | N          | Y             | N          |           |            |
| Healthsmart MyDecision                                                                                             | 18840    | Y            | N          | Y             | N          |           |            |
| HealthSmart OKC                                                                                                    | 73140    | Y            | N          | Y             | N          |           |            |
| HealthSmart Preferred Care                                                                                         | HSPC1    | Y            | N          | Y             | N          |           |            |
| HealthSmart Preferred Care (EDI #75250)                                                                            | 75250    | Y            | N          | Y             | N          |           |            |
| Healthsource AR (Med) (CIGNA)                                                                                      | 71075    | Y            | N          | Y             | N          |           |            |
| Healthsource GA (CIGNA)                                                                                            | 58210    | Y            | N          | Y             | N          |           |            |
| Healthsource Mass                                                                                                  | 02041    | Y            | N          | Y             | N          |           |            |
| Healthsource OH                                                                                                    | 31141    | Y            | N          | Y             | N          |           |            |
| Healthsource SC                                                                                                    | 06119    |              |            | Y             | N          |           |            |
| Healthsource TN (CIGNA)                                                                                            | 62129    | Y            | N          | Y             | N          |           |            |
| Healthsource Kentucky - Claims must contain Healthsource specific Vendor ID & specific Rendering Provider ID       | 61127    | Y            | N          | Y             | N          |           |            |
| Healthsource Maine - Claims must contain Healthsource specific Vendor ID & specific Rendering Provider ID          | 01041    | Y            | N          | Y             | N          |           |            |
| Healthsource MSO                                                                                                   | HMSO     | Y            | Y          | Y             | Y          |           |            |
| Healthsource New Hampshire - Claims must contain Healthsource specific Vendor ID & specific Rendering Provider ID  | 02038    | Y            | N          |               |            |           |            |
| Healthsource North Carolina - Claims must contain Healthsource specific Vendor ID & specific Rendering Provider ID | 56147    | Y            | N          | Y             | N          |           |            |
| Healthsource North Texas - Claims must contain Healthsource specific Vendor ID & specific Rendering Provider ID    | 75255    | Y            | N          | Y             | N          |           |            |
| HealthSpan Integrated Care (Only accepting claims with DOS up to 1-31-2017)                                        | RH007    | Y            | N          | Y             | N          |           |            |
| HealthSpring                                                                                                       | HT001    | Y            | N          |               |            |           |            |
| HealthSun                                                                                                          | HESUN    | Y            | N          | Y             | N          |           |            |
| HealthTeam Advantage                                                                                               | 88250    | Y            | N          | Y             | N          |           |            |
| Healthteam Advantage HMO Diabetes and Heart Plan                                                                   | 88350    | Y            | N          | Y             | N          |           |            |
| Healthways WholeHealth Networks                                                                                    | 58213    | Y            | N          |               |            |           |            |
| Healthy Blue (MO)                                                                                                  | 00541    | Y            | N          | Y             | N          |           |            |
| Healthy Blue (NE)                                                                                                  | 00544    | Y            | N          | Y             | N          |           |            |
| Healthy Blue Dual Advantage Louisiana                                                                              | 00551    | Y            | N          | Y             | N          |           |            |
| Healthy Blue Louisiana                                                                                             | 00661    | Y            | N          | Y             | N          |           |            |
| Healthy Blue Louisiana                                                                                             | 58532    | Y            | N          | Y             | N          |           |            |
| Healthy Blue North Carolina                                                                                        | 00602    | Y            | N          |               |            |           |            |
| Healthy CT                                                                                                         | 77180    | Y            | N          |               |            |           |            |
| Healthy San Francisco                                                                                              | HSF01    |              |            | Y             | N          |           |            |
| Healthy Texas                                                                                                      | 68064    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                           | Payer ID | Professional |            | Institutional |            | Dental    |            |
|------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                      |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Healthy Valley Provider Network                                                                      | HVPNI    | Y            | N          | Y             | N          |           |            |
| Healthy York Network (Call Jane Grove at Provider Relations for Healthy York Network (717) 851-6715) | 22251    | Y            | N          |               |            |           |            |
| Helix Family Choice                                                                                  | 00243    | Y            | N          |               |            |           |            |
| Hemet Community Medical Group                                                                        | HCMG1    | Y            | N          | Y             | N          |           |            |
| Hennepin Health Northstar Advantage                                                                  | 60058    | Y            | N          | Y             | N          |           |            |
| Heritage Consultants (Must use 9-digit subscriber ID on all claims)                                  | 59230    | Y            | N          |               |            |           |            |
| Heritage IPA                                                                                         | HER01    | Y            | N          | Y             | N          |           |            |
| HFN Inc.                                                                                             | 36335    | Y            | N          | Y             | N          |           |            |
| HFN Health Ease                                                                                      | M3FL5    |              |            | Y             | N          |           |            |
| High Desert Medical Group (Lancaster California)                                                     | HDMDG    | Y            | N          |               |            |           |            |
| High Desert Primary Care                                                                             | STJOE    | Y            | N          | Y             | N          |           |            |
| Highline Medical Services MOLINA                                                                     | 91164    | Y            | N          | Y             | N          |           |            |
| Highmark BCBSD Health Options.                                                                       | 47181    | Y            | N          | Y             | N          |           |            |
| Highmark Blue Cross & Blue Shield of West Virginia                                                   | SB941    | Y            | Y          |               |            |           |            |
| Highmark Blue Cross Blue Shield of Pennsylvania                                                      | SB866    | Y            | Y          |               |            |           |            |
| Hill Physician Cigna PPO                                                                             | HLPCG    | Y            | N          |               |            |           |            |
| Hill Physicians Aetna PPO                                                                            | HLP AE   | Y            | N          | Y             | N          |           |            |
| Hill Physicians Blue Cross PPO                                                                       | HLPBC    | Y            | N          |               |            |           |            |
| Hill Physicians Blue Shield PPO                                                                      | HLPBS    | Y            | N          | Y             | N          |           |            |
| Hill Physicians Health Net PPO                                                                       | HLP HM   | Y            | N          |               |            |           |            |
| Hill Physicians Health Net PPO                                                                       | HLP HN   | Y            | N          | Y             | N          |           |            |
| Hill Physicians Medical Group                                                                        | HIL01    | Y            | N          |               |            |           |            |
| Hill Physicians United Healthcare PPO                                                                | HLP UH   | Y            | N          | Y             | N          |           |            |
| Hispanic Physicians IPA                                                                              | HPFFS    | Y            | N          |               |            |           |            |
| HMO COLORADO BLUE ADVANTAGE                                                                          | COHMO    | Y            | N          |               |            |           |            |
| HMO Louisiana Blue Advantage                                                                         | 84555    | Y            | N          | Y             | N          |           |            |
| Hockenberg's Equipment (UCS)                                                                         | 59573    | Y            | N          |               |            |           |            |
| Hollywood Presby Medical Center                                                                      | MPM29    | Y            | N          | Y             | N          |           |            |
| Hollywood Presbyterian Medical Center                                                                | AMM18    | Y            | N          | Y             | N          |           |            |
| Holy Cross Health Partners                                                                           | NAHLX    | Y            | N          | Y             | N          |           |            |
| Home Health & Hospice J15 Cigna (8371)                                                               | 12M97    |              |            | Y             | N          |           |            |
| Homelink                                                                                             | 30750    | Y            |            | Y             | N          |           |            |
| Homelink                                                                                             | 50701    | Y            | N          |               |            |           |            |
| Homelink Healthpartners                                                                              | 55744    | Y            |            |               |            |           |            |
| Hometown Health of Nevada                                                                            | 88023    | Y            | N          | Y             | N          |           |            |
| Hopkins Health Advantage                                                                             | 66003    | Y            | N          | Y             | N          |           |            |
| Horace Mann Life Insurance Company                                                                   | HMLIC    | Y            | N          | Y             | N          |           |            |
| HORIZON PACE                                                                                         | R4569    | Y            | N          | Y             | N          |           |            |
| HP Administrative Services LLC                                                                       | 22521    | Y            | N          | Y             | N          |           |            |
| HRSA COVID-19 Coverage Assistance Fund                                                               | 19CAF    | Y            | N          | Y             | N          |           |            |
| HRSA COVID-19 Coverage Assistance Fund                                                               | 90AQS    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                    | Payer ID | Professional |            | Institutional |            | Dental    |            |
|---------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                               |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| HSA Health Plan                                               | U7632    | Y            | N          | Y             | N          |           |            |
| HSBS Memphis (Formerly Pittman and Associates)                | 37224    | Y            | N          | Y             | N          |           |            |
| HSBS Oklahoma City (Formerly Mutual Assurance Administrators) | 37256    | Y            | N          | Y             | N          |           |            |
| HSHS Medical Group IPA                                        | 37137    | Y            | N          | Y             | N          |           |            |
| HSN - MA HealthMedical                                        | 00995    | Y            | N          |               |            |           |            |
| Human Behavioral Institute                                    | HBI01    | Y            | N          |               |            |           |            |
| Humana                                                        | 61101    | Y            | N          | Y             | N          |           |            |
| HUMANA Encounters Only                                        | 61102    | Y            | N          |               |            |           |            |
| Humana Health Plan of Ohio, Inc                               | 61103    | Y            | N          | Y             | N          |           |            |
| HUMANA HEALTH PLANS OHIO                                      | 95348    | Y            | N          |               |            |           |            |
| HUMANA LONG TERM CARE                                         | 61115    | Y            | N          | Y             | N          |           |            |
| Humana Ohio Medicaid Vision                                   | 6110V    | Y            | N          |               |            |           |            |
| Humana Puerto Rico                                            | L0200    | Y            | N          |               |            |           |            |
| Humana VA Hero Project                                        | 61160    | Y            | N          | Y             | N          |           |            |
| Humboldt Del Norte Foundation IPA                             | HDNFC    | Y            | N          | Y             | N          |           |            |
| Humboldt Del Norte Independent Practice Association           | 94154    | Y            | N          | Y             | N          |           |            |
| Hylton Payroll (Benefit Plan Administrators)                  | 19753    | Y            | N          | Y             | N          |           |            |
| I. E. Shaffer                                                 | 22175    | Y            | N          | Y             | N          |           |            |
| IBA Self Funded Group                                         | 38234    | Y            | N          |               |            |           |            |
| IBC Personal Choice                                           | 12X26    |              |            | Y             | N          |           |            |
| iCARE (Independent Care Health Plan)                          | 11695    | Y            | N          | Y             | N          |           |            |
| iCare Health Solutions                                        | 26054    | Y            | N          |               |            |           |            |
| iCircle Care                                                  | ICRCL    | Y            | N          | Y             | N          |           |            |
| iCircle of New York                                           | 33884    | Y            | N          | Y             | N          |           |            |
| Idaho Medicare                                                | 12M07    |              |            | Y             | Y*         |           |            |
| Idaho Medicare                                                | SMID0    | Y            | Y*         |               |            |           |            |
| Idaho True Blue                                               | TRUEB    | Y            | N          |               |            |           |            |
| IH Plans, Inc.                                                | IHP21    | Y            | N          | Y             | N          |           |            |
| IHS GATEWAY PAYER SOUTH                                       | A2352    | Y            | N          | Y             | N          |           |            |
| Illinois Health Plan (IHP)                                    | DMG01    | Y            | N          | Y             | N          |           |            |
| Illinois Medicare                                             | 12M08    |              |            | Y             | Y*         |           |            |
| Illinois Medicare                                             | SMIL0    | Y            | Y*         |               |            |           |            |
| ILLINOIS PHYSICIANS ALLIANCE IPA                              | IPA99    | Y            | N          | Y             | N          |           |            |
| IMCARE                                                        | 41600    | Y            | N          | Y             | N          |           |            |
| Imperial Health Holdings                                      | 78448    |              |            | Y             | N          |           |            |
| Imperial Health Holdings Medical Group                        | IHHMG    | Y            | N          | Y             | N          |           |            |
| Imperial Health Plan of California Incorporated               | IHP01    | Y            | N          | Y             | N          |           |            |
| INDECS Corporation                                            | 40585    | Y            | N          | Y             | N          |           |            |
| INDEPENDENCE AMERICAN INSURANCE COMPANY                       | CB231    | Y            | N          | Y             | Y          |           |            |
| Independence Medical Group of Kern County                     | IMG01    | Y            | N          |               |            |           |            |
| Independence Medical Group Tulare County                      | IMG02    | Y            | N          |               |            |           |            |



| Payer Name                                                                                                                                       | Payer ID | Professional |            | Institutional |            | Dental    |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                                  |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Independent BLC of PA (Also known as Personal Choice PPO of Pennsylvania.)                                                                       | 54704    | Y            | Y          |               |            |           |            |
| Independent Health                                                                                                                               | 12X01    |              |            | Y             | Y          |           |            |
| Independent Health                                                                                                                               | 95308    | Y            | Y          |               |            |           |            |
| Independent Health                                                                                                                               | SX073    | Y            | Y          |               |            |           |            |
| Independent Living Systems                                                                                                                       | 45048    | Y            | N          | Y             | N          |           |            |
| Indian Health Services                                                                                                                           | 00290    | Y            | N          | Y             | N          |           |            |
| Indian Health Services                                                                                                                           | 12X75    |              |            | Y             | N          |           |            |
| Indian Health Services                                                                                                                           | SX171    | Y            | N          |               |            |           |            |
| Indiana Department of Health Children's Health                                                                                                   | 35600    | Y            | Y          | Y             | N          |           |            |
| Indiana Medicare                                                                                                                                 | SMIN0    | Y            | Y*         |               |            |           |            |
| Indiana University (Southeastern Indiana Health)                                                                                                 | IUHPL    | Y            | N          | Y             | N          |           |            |
| INETICO Inc.                                                                                                                                     | 43471    | Y            | N          | Y             | N          |           |            |
| InforMed LLC                                                                                                                                     | 52196    | Y            | N          | Y             | N          |           |            |
| Ingalls Provider Group                                                                                                                           | NAING    |              |            | Y             | N          |           |            |
| Ingalls Provider Group                                                                                                                           | 66727    | Y            | N          | Y             | N          |           |            |
| Ingham Health Plan Corporation                                                                                                                   | 38343    | Y            | N          | Y             | N          |           |            |
| Inland Empire Health Plan                                                                                                                        | IEHP1    | Y            | N          | Y             | N          |           |            |
| Inland Empire Health Plan - DOS after 3/31/18                                                                                                    | 99101    |              |            | Y             | N          |           |            |
| Inland Faculty Medical Group (Call Chirs Gonzales at (323) 257-7637 277 to ensure you are approved to submit electronically. Payer ID required ) | MVMM1    | Y            | N          | Y             | N          |           |            |
| INNOV_OSF HEALTHCARE CENTRAL                                                                                                                     | OSFC9    | Y            | N          | Y             | N          |           |            |
| InnovAge                                                                                                                                         | 31182    | Y            | N          | Y             | N          | Y         | N          |
| Innovante Benefit Admin (HSBS WTC) (Effective 3-1-17)                                                                                            | 31172    | Y            | N          | Y             | N          |           |            |
| Innovation Health                                                                                                                                | 40025    | Y            | N          | Y             | N          |           |            |
| Innovative Payer 5                                                                                                                               | IHS05    | Y            | N          | Y             | N          |           |            |
| Innovative Physician Associates                                                                                                                  | 80087    | Y            | N          |               |            |           |            |
| Innovista Health                                                                                                                                 | INDPM    | Y            | N          | Y             | N          |           |            |
| INS Health Services                                                                                                                              | VAICE    | Y            | N          | Y             | N          |           |            |
| Insurance Management Administrators                                                                                                              | 72091    | Y            | N          |               |            |           |            |
| Insurance Management Services (Amarillo TX)(This payerID is only valid for claims submission address of PO Box 15688 Amarillo TX 79105)          | 15688    | Y            | N          | Y             | N          |           |            |
| Insurance Management Services of Texas                                                                                                           | IMSMS    | Y            | N          | Y             | N          |           |            |
| Insurance Management Services TX                                                                                                                 | 12T64    |              |            | Y             | N          |           |            |
| Insurance Service of Lubbock                                                                                                                     | ISL11    | Y            | N          | Y             | N          |           |            |
| Insurance Services of Lubbock                                                                                                                    | TH012    | Y            | N          |               |            |           |            |
| Insurance TPA CLM LLC                                                                                                                            | 39182    | Y            | N          | Y             | N          |           |            |
| Insurer's Administration Corporation                                                                                                             | IAC01    | Y            | N          | Y             | N          |           |            |
| Insurers Administrative Corp. (Please visit website prior to submitting claims edihelp.iacusa.com)                                               | 86304    | Y            | N          | Y             | N          |           |            |
| INTEGRA Administrative Group Inc.                                                                                                                | 51020    | Y            | N          | Y             | N          |           |            |
| Integra Group                                                                                                                                    | 31127    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                  | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                             |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Integra Group - CHA                                                                                         | 31129    | Y            | N          |               |            |           |            |
| Integra Managed Long Term Care                                                                              | 45302    | Y            | N          | Y             | N          |           |            |
| Integranet                                                                                                  | INET1    | Y            | N          | Y             | N          |           |            |
| Integrated Homecare Services                                                                                | IHCS1    | Y            | N          | Y             | N          |           |            |
| Integrated Medical Solutions                                                                                | 20050    | Y            | N          | Y             | N          |           |            |
| Integrated Veterans Care                                                                                    | 12115    | Y            | N          | Y             | N          |           |            |
| Integrity Administrators (Champion Chevrolet)                                                               | 99795    | Y            | N          | Y             | N          |           |            |
| Interactive Medical Systems                                                                                 | 56132    | Y            | N          | Y             | N          |           |            |
| Interactive Medical Systems                                                                                 | 87765    | Y            | N          | Y             | N          |           |            |
| Intercommunity Health Net                                                                                   | INCHN    | Y            | N          |               |            |           |            |
| Interface EAP (IEAP)                                                                                        | 60280    | Y            | N          | Y             | N          |           |            |
| Intermountain Health Care (Contact payer at 801-442-5442 before sending claims to verify provider numbers.) | SX107    | Y            | N          |               |            |           |            |
| International Benefit Administration                                                                        | 11329    | Y            | N          | Y             | N          |           |            |
| International Brotherhood of Boilermakers Employee Health Care Plan (IBBEHC)                                | 48603    | Y            | N          | Y             | N          |           |            |
| International Medical Group                                                                                 | 12T61    |              |            | Y             | N          |           |            |
| International Medical Group                                                                                 | TH105    | Y            | N          |               |            |           |            |
| International Medical Group INC                                                                             | IMGIN    | Y            | N          | Y             | N          |           |            |
| International Union Operating Engineers                                                                     | 37269    | Y            | N          | Y             | N          |           |            |
| InterWest Health PPO (Montana)                                                                              | 84137    | Y            | N          | Y             | N          |           |            |
| INTotal Health                                                                                              | 35115    | Y            | N          | Y             | N          |           |            |
| INTotal Health                                                                                              | RP114    | Y            | N          |               |            |           |            |
| Iowa Medicaid                                                                                               | 12K10    |              |            | Y             | Y          |           |            |
| Iowa Medicaid                                                                                               | SKIA0    | Y            | Y          |               |            |           |            |
| Iowa Medicare                                                                                               | 12M10    |              |            | Y             | Y*         |           |            |
| Iowa Medicare                                                                                               | SMIA0    | Y            | Y*         |               |            |           |            |
| Iron Road Healthcare                                                                                        | 87042    | Y            | N          |               |            |           |            |
| Island Home Insurance Company                                                                               | 85502    | Y            | N          | Y             | N          |           |            |
| IU Medical Group Primary Care                                                                               | SX172    | Y            | N          |               |            |           |            |
| J1 Legacy                                                                                                   | 01911    |              |            | Y             | Y          |           |            |
| J15 Home Hlth Hospice Medicare Part A                                                                       | 15004    |              |            | Y             | Y*         |           |            |
| J5 National Part A                                                                                          | 52280    |              |            | Y             | Y          |           |            |
| JAI Medical Systems                                                                                         | JAI01    | Y            | N          | Y             | N          |           |            |
| JE Mutual of Omaha CA, HI, NV                                                                               | 12M65    |              |            | Y             | Y*         |           |            |
| Jericho Share                                                                                               | IHS02    | Y            | N          | Y             | N          |           |            |
| Jl Sepcialty Services                                                                                       | JISSP    |              |            | Y             | N          |           |            |
| JM Home Health & Hospice                                                                                    | 11001    |              |            | Y             | Y          |           |            |
| John Hopkins Healthcare (EHP PP) (Submit Billing NPI and Rendering Servicing NPI)                           | 52189    | Y            | N          | Y             | N          |           |            |
| John Morrell Company - AHPBA                                                                                | 38310    | Y            | N          |               |            |           |            |
| John Muir Health Network                                                                                    | JMH01    | Y            | N          |               |            |           |            |

| Payer Name                                                                                       | Payer ID | Professional |            | Institutional |            | Dental    |            |
|--------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                  |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| John Muir Mt. Diablo Health System                                                               | 68036    | Y            | N          | Y             | N          |           |            |
| John Muir Trauma Phys                                                                            | 68013    | Y            | N          |               |            |           |            |
| Johns Hopkins - USFHP                                                                            | 32125    |              |            | Y             | N          |           |            |
| Johns Hopkins (USFHP) (New submitter should send in their Billing NPI & Rendering servicing NPI) | 52123    | Y            | N          | Y             | N          |           |            |
| Joplin Claims                                                                                    | 43178    | Y            | N          | Y             | N          |           |            |
| JPS Preferred Care                                                                               | MWP01    | Y            | N          |               |            |           |            |
| JSL Administrators AKA Wells Fargo Third Party Administrators aka Healthsmart Benefits Solutions | 37272    | Y            | N          | Y             | N          |           |            |
| JVHL - Aetna Better Health of MI (Coventry/Omni)                                                 | 27590    | Y            | Y          |               |            |           |            |
| JVHL - Aetna Better Health Premier Plan                                                          | 72700    | Y            | Y          |               |            |           |            |
| JVHL - Aetna U.S. Healthcare                                                                     | 27600    | Y            | Y          |               |            |           |            |
| JVHL - BCBSM Medicare Plus Blue PPO                                                              | 52730    | Y            | Y          |               |            |           |            |
| JVHL - Blue Care Network (BCN Commercial Labs)                                                   | 22770    | Y            | Y          |               |            |           |            |
| JVHL - Blue Care Network (JVHL Network)                                                          | JVHLB    | Y            | Y          |               |            |           |            |
| JVHL - Blue Cross Complete                                                                       | 12550    | Y            | Y          |               |            |           |            |
| JVHL - CIGNA (Health Partners)                                                                   | JVHKQ    | Y            | Y          |               |            |           |            |
| JVHL - Cigna (Non-HAP and CIGNA-HAP)                                                             | 58580    | Y            | Y          |               |            |           |            |
| JVHL - Community Care Associates (Healthchoice)                                                  | JVHJW    | Y            | Y          |               |            |           |            |
| JVHL - Genesee County Health Plan                                                                | JVHMB    | Y            | Y          |               |            |           |            |
| JVHL - Health Alliance Plan (Capitated Contracts)                                                | JVHJG    | Y            | Y          |               |            |           |            |
| JVHL - Humana                                                                                    | 67300    | Y            | Y          |               |            |           |            |
| JVHL - McLaren Health Plan                                                                       | JVHK7    | Y            | Y          |               |            |           |            |
| JVHL - Priority Health                                                                           | JVHJZ    | Y            | Y          |               |            |           |            |
| JVHL - Provider Network of America                                                               | RP108    | Y            | Y          |               |            |           |            |
| JVHL - United Healthcare (Golden Rule)                                                           | JVHKR    | Y            | Y          |               |            |           |            |
| JVHL - United Healthcare (Non-Golden Rule)                                                       | JVHJ5    | Y            | Y          |               |            |           |            |
| JVHL - United Healthcare Community Plan (GLHP)                                                   | JVHJR    | Y            | Y          | Y             | Y          |           |            |
| JVHL Aetna Better Health Premier Plan                                                            | M5JVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL Aetna U.S. Healthcare                                                                       | J1JVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL AmeriHealth Caritas VIP Care Plus                                                           | MDJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL Blue Care Network* (BCN Commercial Labs)                                                    | JJJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL Blue Care Network* (BCN Reimbursable Labs)                                                  | JQJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL Blue Care Network* (Critical Access / Small Volume Labs)                                    | MJJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL Blue Care Network* (JVHL Network)                                                           | J9JVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL Blue Cross Complete                                                                         | KPJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL CIGNA (Health Partners members only)                                                        | KQJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL CIGNA (Non-HAP and CIGNA-HAP members)                                                       | KDJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL Community Care Associates (Healthchoice)                                                    | JWJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL CoventryCares - Aetna Better Health of MI                                                   | J8JVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL Genesee County Health Plan                                                                  | MBJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL HAP Empowered Midwest Health Plan                                                           | JBJVL    | Y            | Y          | Y             | Y          |           |            |

| Payer Name                                                                                        | Payer ID | Professional |            | Institutional |            | Dental    |            |
|---------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                   |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| JVHL Health Alliance Plan (Capitated Contracts)                                                   | JGJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL Health Alliance Plan (Fee for Service Contracts)                                             | JHJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL Humana                                                                                       | KVJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL McLaren Health Plan                                                                          | K7JVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL Meridian Health Plan of MI (Health Plan of Michigan)                                         | J2JVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL Molina Healthcare of Michigan                                                                | JIJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL Provider Network of America                                                                  | MPJVL    | Y            | N          | Y             | N          |           |            |
| JVHL Reliance HMO                                                                                 | MKJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL United (Golden Rule Members)                                                                 | KRJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL United (non-Golden Rule Members)                                                             | J5JVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL United Community Plan Great Lakes Health Plan                                                | JRJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL VA Community Care Network                                                                    | MSJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL WellCare                                                                                     | JVHLW    |              |            | Y             | Y          |           |            |
| JVHL WellCare                                                                                     | MMJVL    | Y            | Y          | Y             | Y          |           |            |
| JVHL?? Priority Health                                                                            | JZJVL    | Y            | Y          | Y             | Y          |           |            |
| Kaiser Foundation Health Plan of Colorado                                                         | 91617    | Y            | N          | Y             | N          |           |            |
| Kaiser Foundation Health Plan of Colorado                                                         | COKSR    | Y            | N          | Y             | N          |           |            |
| Kaiser Foundation Health Plan of Georgia                                                          | NG010    | Y            | N          | Y             | N          |           |            |
| Kaiser Foundation Health Plan of Northern CA Region                                               | 94135    | Y            | N          | Y             | N          |           |            |
| Kaiser Foundation Health Plan of Northern California                                              | KS003    | Y            | N          |               |            |           |            |
| Kaiser Foundation Health Plan of Southern CA Region                                               | 94134    | Y            | N          | Y             | N          |           |            |
| Kaiser Foundation Health Plan of Southern California                                              | KS001    | Y            | N          |               |            |           |            |
| Kaiser Foundation Health Plan of the Mid-Atlantic                                                 | NG008    | Y            | N          | Y             | N          |           |            |
| Kaiser Foundation Health Plan of the NW                                                           | NG009    | Y            | N          |               |            |           |            |
| Kaiser Foundation Health Plan of Washington (Formerly Group Health Cooperative of WA)             | 91051    | Y            | N          | Y             | N          |           |            |
| Kaiser Foundation of the Northwest                                                                | 93079    | Y            | N          | Y             | N          |           |            |
| Kaiser GA Foundation Health PI                                                                    | 21313    | Y            | N          | Y             | N          |           |            |
| Kaiser Permanente Hawaii                                                                          | RH011    | Y            | N          |               |            |           |            |
| Kaiser Permanente Health Plan Hawaii                                                              | 94123    |              |            | Y             | N          |           |            |
| Kaiser Self Funded (also known as KPIC Self-Funded Claims and Kaiser Self Funded Plan Harrington) | 94320    | Y            | N          | Y             | N          |           |            |
| Kalos Gold Health Plan                                                                            | 61185    | Y            | N          | Y             | N          |           |            |
| Kalos Health                                                                                      | 40137    | Y            | N          | Y             | N          |           |            |
| KANE COUNTY IPA                                                                                   | KCIPA    | Y            | N          | Y             | N          |           |            |
| Kansas Medicare                                                                                   | 57324    |              |            | Y             | Y*         |           |            |
| Kansas Medicare                                                                                   | SMKS0    | Y            | Y*         |               |            |           |            |
| Kansas Medicare                                                                                   | SMKC0    | Y            | N          |               |            |           |            |
| KBA                                                                                               | 14503    | Y            | N          | Y             | N          |           |            |
| Keenan & Associates                                                                               | KEE01    | Y            | N          |               |            |           |            |
| Keenan Associates                                                                                 | 95279    | Y            | N          | Y             | N          |           |            |
| Kelsey Seybold                                                                                    | KELSE    | Y            | N          |               |            |           |            |

| Payer Name                                                                                     | Payer ID | Professional |            | Institutional |            | Dental    |            |
|------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Kelsey Seybold-Institutional                                                                   | KELSI    |              |            | Y             | N          |           |            |
| Kemper Benefits                                                                                | 61453    | Y            | N          | Y             | N          |           |            |
| Kempton Group                                                                                  | 73100    | Y            | N          | Y             | N          |           |            |
| Kent County Health Plan                                                                        | KENT1    | Y            | N          | Y             | N          |           |            |
| Kentucky Health Administrators                                                                 | 82357    | Y            | N          |               |            |           |            |
| Kentucky Health Administrators Inc.                                                            | 27215    | Y            | N          |               |            |           |            |
| Kentucky Medicare                                                                              | 12M11    |              |            | Y             | Y*         |           |            |
| Kentucky Medicare                                                                              | SMKY0    | Y            | Y*         |               |            |           |            |
| Kern County CDCR                                                                               | 28021    | Y            | N          |               |            |           |            |
| Kern Health Care Network (Valid for dates of service prior to 01-01-2016.)                     | 22149    | Y            | N          |               |            |           |            |
| Kern Health Systems                                                                            | 77039    | Y            | N          | Y             | N          |           |            |
| Kern Legacy Health Plan                                                                        | 89890    | Y            | N          | Y             | N          |           |            |
| Key Benefit Administrators                                                                     | 37217    | Y            | N          | Y             | N          |           |            |
| Key Benefit Administrators (Ft. Mill, SC)                                                      | 37216    | Y            | N          | Y             | N          |           |            |
| Key Health Medical Solutions                                                                   | 95460    | Y            | N          |               |            |           |            |
| Key Insurance Group                                                                            | KEYIP    |              |            | Y             | N          |           |            |
| Key Medical Group (Providers please contact Brandi Guinn 559-735-3892 x233 for authorization.) | IP082    | Y            | N          |               |            |           |            |
| Key Select                                                                                     | 37321    | Y            | N          | Y             | N          |           |            |
| Key Solution                                                                                   | 37323    | Y            | N          | Y             | N          | Y         | N          |
| KEYCARE MARYLAND                                                                               | KCMD1    | Y            | N          | Y             | N          |           |            |
| Keystone First Community Health Choices                                                        | 42344    | Y            | N          | Y             | N          |           |            |
| Keystone Health Plan East                                                                      | 12X25    |              |            | Y             | N          |           |            |
| Keystone Mercy Health Plan                                                                     | 23284    | Y            | N          | Y             | N          |           |            |
| Keystone VIP Choice                                                                            | 77741    | Y            | N          | Y             | N          |           |            |
| Klais & Company (Part A and Part B)                                                            | 80089    | Y            | N          | Y             | N          |           |            |
| Klais and Company                                                                              | 31147    | Y            | N          |               |            |           |            |
| Klais and Company                                                                              | 34145    | Y            | N          | Y             | N          |           |            |
| Klais and Company Repriced HealthSpan                                                          | 3414A    | Y            | N          |               |            |           |            |
| Know The Costs                                                                                 | 04430    | Y            | N          | Y             | N          |           |            |
| KOPP BILLING AGENCY                                                                            | RP091    | Y            | Y          | Y             | Y          |           |            |
| Kova Healthcare Incorporated                                                                   | KOVA1    | Y            | N          | Y             | N          |           |            |
| LA Care Health Plan                                                                            | LACAR    | Y            | N          | Y             | N          |           |            |
| LACH HealthNet by MedPoint                                                                     | MPM19    | Y            | N          | Y             | N          |           |            |
| Lake Forest Managed Care Assoc                                                                 | 37112    |              |            | Y             | N          |           |            |
| Lakeside Medical Group                                                                         | 66125    | Y            | N          | Y             | N          |           |            |
| Lakeside Medical Group Inc.                                                                    | LMG11    | Y            | N          |               |            |           |            |
| Lancaster General Health                                                                       | 16109    | Y            | N          | Y             | N          |           |            |
| LaSalle Medical Associates                                                                     | NMM02    | Y            | N          |               |            |           |            |
| LaSalle Medical Group IPA                                                                      | 95712    | Y            | N          | Y             | N          |           |            |
| Lasso Healthcare MSA                                                                           | 10550    | Y            | N          | Y             | N          |           |            |
| LAWNDALE CHRISTIAN HEALTH CENTER                                                               | LAWND    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                  | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                             |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Lein On Me                                                                                                  | LM005    | Y            | N          | Y             | N          |           |            |
| Leisure World Managed Care                                                                                  | LWMC1    | Y            | N          |               |            |           |            |
| Leon Health Plans                                                                                           | A3565    | Y            | N          | Y             | N          |           |            |
| Leon Med Center HP                                                                                          | 65055    | Y            | N          | Y             | N          |           |            |
| Leon Medical Center Health Plan                                                                             | 37316    | Y            | N          |               |            |           |            |
| Liberty Advantage Health Plan                                                                               | LIB01    | Y            | N          | Y             | N          |           |            |
| LIBERTY HEALTH ADVANTAGE                                                                                    | 87071    |              |            | Y             | N          |           |            |
| Life Beaver County                                                                                          | 25924    | Y            | N          | Y             | N          |           |            |
| Life Investors Ins Co of America (Specialized claims only. Call 866-745-3545 with claim routing questions.) | LIICA    | Y            | N          |               |            |           |            |
| Life St Mary (Trinity Health Pace)                                                                          | 76184    | Y            | N          | Y             | N          |           |            |
| Life St. Joseph of the Pines                                                                                | 59847    | Y            | N          |               |            |           |            |
| Life Trac                                                                                                   | 41136    | Y            | N          | Y             | N          |           |            |
| LifeCircles PACE                                                                                            | 71498    | Y            | N          | Y             | N          |           |            |
| LifePath Hospice Inc.                                                                                       | 76870    | Y            | N          | Y             | N          |           |            |
| Lifewise A Premier Health Plan                                                                              | 93093    | Y            | N          | Y             | N          |           |            |
| LIFEWISE ASSURANCE COMPANY                                                                                  | 93095    | Y            | N          | Y             | N          |           |            |
| LIFEWISE HEALTH PLAN OF WASHINGTON                                                                          | 93094    | Y            | N          | Y             | N          |           |            |
| Lifewise Health Plan of Washington A Premier Health Plan                                                    | 91049    | Y            | N          |               |            |           |            |
| LIFEWORKS ADVANTAGE                                                                                         | LWA01    | Y            | N          | Y             | N          |           |            |
| LINE CONSTRUCTION BENEFIT FUND                                                                              | LCB01    |              |            |               |            | Y         | N          |
| Lipa Agate Resources                                                                                        | LIPA1    | Y            | N          |               |            |           |            |
| Little Company of Mary Health                                                                               | 4725P    | Y            | N          |               |            |           |            |
| Little Company of Mary Health Providers                                                                     | LCM10    | Y            | N          | Y             | N          |           |            |
| Local 137 Operating Engineers Welfare Fund                                                                  | 84041    | Y            | N          | Y             | N          |           |            |
| Lockard & Williams                                                                                          | CB752    | Y            | N          | Y             | N          |           |            |
| Loma Linda University Health Care                                                                           | 33036    | Y            | N          | Y             | N          |           |            |
| Loma Linda University Medical Center                                                                        | 95352    | Y            | N          | Y             | N          |           |            |
| Lone Star TPA                                                                                               | 45289    | Y            | N          | Y             | N          |           |            |
| Longevity Health Plan of NY                                                                                 | LVNY01   | Y            | N          | Y             | N          |           |            |
| Longevity Illinois                                                                                          | LIL01    | Y            | N          | Y             | N          |           |            |
| Longevity NJ                                                                                                | LVNJ01   | Y            | N          | Y             | N          |           |            |
| Longevity of Michigan                                                                                       | LVMI01   | Y            | N          | Y             | N          |           |            |
| Longevity of North Carolina                                                                                 | LVNC01   | Y            | Y          | Y             | Y          |           |            |
| Louisiana Blue Advantage                                                                                    | 72107    | Y            | N          | Y             | N          |           |            |
| Louisiana Medicare                                                                                          | SMLA0    | Y            | Y*         |               |            |           |            |
| Luminare Health AZ, IL, IN, MD, MN, NC, PA fka Trustmark Health Benefits                                    | 35182    | Y            | N          | Y             | N          | Y         | N          |
| Luminare Health Detroit fka Trustmark Health Benefits                                                       | 38225    | Y            | N          | Y             | N          | Y         | N          |
| Luminare Health Internal fka Trustmark Health Benefits                                                      | 35187    | Y            | N          | Y             | N          |           |            |
| Luminare Health KC fka Trustmark Health Benefits                                                            | 48117    | Y            | N          | Y             | N          | Y         | N          |
| Luminare Health Little Rock fka Trustmark Health Benefits                                                   | 75136    | Y            | N          | Y             | N          | Y         | N          |
| Luminare Health OH fka Trustmark Health Benefits                                                            | 35183    | Y            | N          | Y             | N          | Y         | N          |

| Payer Name                                                                                                            | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-----------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                       |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| LUTHER CARE (CORESOURCE)                                                                                              | A2351    | Y            | N          | Y             | N          |           |            |
| Lutheran Preferred                                                                                                    | 39198    | Y            | N          |               |            |           |            |
| Lutheran Preferred                                                                                                    | MP330    | Y            | N          |               |            |           |            |
| MA BCBS                                                                                                               | 00200    | Y            | N          | Y             | N          |           |            |
| Mabuhay Medical Group                                                                                                 | CAPMN    | Y            | N          |               |            |           |            |
| Magellan Behavioral Health (All Non-AETNA Subscribers - Provider ID Required) (Payer Address required on all claims.) | 01260    | Y            | N          | Y             | N          |           |            |
| Magellan Complete Care Arizona                                                                                        | MCC01    | Y            | N          | Y             | N          |           |            |
| Magellan Complete Care Of VA                                                                                          | MCCVA    | Y            | N          | Y             | N          |           |            |
| MAGNACARE                                                                                                             | 11303    | Y            | N          | Y             | N          |           |            |
| Magnolia                                                                                                              | U8062    |              |            | Y             | N          |           |            |
| Maine Community Health Options                                                                                        | 45341    | Y            | N          | Y             | N          |           |            |
| Maine Medicare                                                                                                        | 12M13    |              |            | Y             | Y*         |           |            |
| Maine Medicare                                                                                                        | SMME0    | Y            | Y*         |               |            |           |            |
| Managed Care of North America (MCNA) Dental                                                                           | 65030    |              |            |               |            | Y         | N          |
| Managed Care Systems (Delango Regional Medical)                                                                       | MCS02    | Y            | N          |               |            |           |            |
| Managed Care Systems CDCR (Customer Service (800) 494-4662)                                                           | MCS04    | Y            | N          |               |            |           |            |
| Managed Health Care Associates                                                                                        | 36312    | Y            | N          |               |            |           |            |
| Managed Health Networks (MHN)                                                                                         | 22771    | Y            | N          | Y             | N          |           |            |
| Managed Health Services Wiscon                                                                                        | 39187    |              |            | Y             | N          |           |            |
| March Vision                                                                                                          | 5246M    | Y            | N          |               |            |           |            |
| March Vision Health Plan                                                                                              | 52461    | Y            | N          | Y             | N          |           |            |
| Marin IPA                                                                                                             | IP097    | Y            | N          | Y             | N          |           |            |
| Martins Point Health Care                                                                                             | 53275    | Y            | N          | Y             | N          |           |            |
| Martin's Point Health Care USFHP Generations Advantage                                                                | MPHC2    | Y            | N          | Y             | N          |           |            |
| Mary Washington Health Plan                                                                                           | 83269    | Y            | N          | Y             | N          |           |            |
| Maryland Medicare                                                                                                     | 12010    |              |            | Y             | Y*         |           |            |
| Maryland Medicare                                                                                                     | SMMD0    | Y            | Y*         |               |            |           |            |
| Maryland Physicians Care                                                                                              | 22348    | Y            | N          | Y             | N          |           |            |
| Maryland Physicians Care (MPC)                                                                                        | 76498    | Y            | N          | Y             | N          |           |            |
| Maryland PMHS ValueOptions (Use for ALL Dates of Service)                                                             | 77063    | Y            | Y          |               |            |           |            |
| Massachusetts Behavioral Health (BHO)                                                                                 | BHOMA    | Y            | N          | Y             | N          |           |            |
| Massachusetts Medicare                                                                                                | 12M14    |              |            | Y             | Y*         |           |            |
| Massachusetts Mutual also known as Mass Mutual                                                                        | 80314    | Y            | N          | Y             | N          |           |            |
| Masters Mates and Pilots Plan                                                                                         | MMPHB    | Y            | N          | Y             | N          |           |            |
| Masters, Mates and Pilots                                                                                             | 12T52    |              |            | Y             | N          |           |            |
| Masters, Mates and Pilots                                                                                             | TH111    | Y            | N          |               |            |           |            |
| Max Specialty Benefits                                                                                                | 27320    | Y            | N          |               |            |           |            |
| MaxCare (Universal Fidelity Administrators Company)                                                                   | 93220    | Y            | N          |               |            |           |            |
| Maxor                                                                                                                 | 92805    | Y            | N          |               |            |           |            |
| Mayo Management Services Inc.                                                                                         | 41154    | Y            | N          | Y             | N          |           |            |
| MBA of Wyoming                                                                                                        | 87065    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                 | Payer ID | Professional |            | Institutional |            | Dental    |            |
|------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                            |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| McCreary Corporation                                       | 59331    | Y            | N          | Y             | N          |           |            |
| McLaren Health Advantage                                   | 3833A    | Y            | N          | Y             | N          |           |            |
| McLaren Health Plan                                        | 38338    | Y            | N          | Y             | N          |           |            |
| McLaren State of Michigan                                  | 3833M    | Y            | N          | Y             | N          |           |            |
| McLarenAdvantage SNP                                       | 3833R    | Y            | N          | Y             | N          |           |            |
| MCS                                                        | 6197P    | Y            | N          |               |            |           |            |
| MCS Life                                                   | 66039    | Y            | N          |               |            |           |            |
| MD ANDERSON PHYSICIAN NETWORK                              | MDAPN    | Y            | N          | Y             | N          |           |            |
| MD Rogue Oregon Health Plan                                | MRIPA    | Y            | N          | Y             | N          |           |            |
| Mdwise Inc.                                                | 12K81    |              |            | Y             | N          |           |            |
| MDwise Health Indiana Plan (For 2019 claim submissions)    | 3135M    | Y            | N          | Y             | N          |           |            |
| MDwise Health Indiana Plan (For DOS on or after 1-01-2017) | 31354    | Y            | N          | Y             | N          |           |            |
| MDwise Hoosier Healthwise (For 2019 claim submissions)     | 3519M    | Y            | N          | Y             | N          |           |            |
| MDwise Hoosier Healthwise (For DOS on or after 1-01-2017)  | 35191    | Y            | N          | Y             | N          |           |            |
| MDWise Select Health Network                               | 35199    | Y            | N          | Y             | N          |           |            |
| MDWise Select Health Network                               | MWSHN    |              |            | Y             | N          |           |            |
| MDX Hawaii                                                 | MDXHI    | Y            | N          | Y             | N          |           |            |
| Med Pay                                                    | 30891    |              |            | Y             | N          |           |            |
| Med3000 CMS Early Steps                                    | EM350    | Y            | N          |               |            |           |            |
| Med3000 CMS Safety Net                                     | EM284    | Y            | N          |               |            |           |            |
| MedAdmin Solutions, Network TPA, JIPA Network, Podicare    | 58202    | Y            | N          | Y             | N          |           |            |
| MedAdmin Solutions, Network TPA, JIPA Network, Podicare    | 58204    | Y            | N          |               |            |           |            |
| MedCom                                                     | 59231    | Y            | N          | Y             | N          |           |            |
| MEDCORE HP                                                 | 31057    |              |            | Y             | N          |           |            |
| MedCost                                                    | 56162    | Y            | N          | Y             | N          |           |            |
| MedCost Liberty Health Share                               | 90753    | Y            | N          | Y             | N          |           |            |
| MedCost Benefit Services                                   | 56205    | Y            | N          | Y             | N          |           |            |
| MedCost Benefit Services Bundled Billing                   | 56821    |              |            | Y             | N          |           |            |
| Medfocus                                                   | 95321    | Y            | N          |               |            |           |            |
| MEDICA                                                     | 94265    | Y            | N          | Y             | N          |           |            |
| MEDICA                                                     | PA082    |              |            | Y             | N          |           |            |
| Medica Government Programs                                 | MEDM1    | Y            | N          | Y             | N          |           |            |
| Medica Health Plan Solutions                               | 0M606    | Y            | N          |               |            |           |            |
| Medica Health Plan Solutions                               | 71890    | Y            | N          | Y             | N          |           |            |
| Medica HealthCare Plans FL                                 | 78857    | Y            | N          | Y             | N          |           |            |
| Medica2                                                    | 12422    | Y            | N          | Y             | N          |           |            |
| Medical Associates Health Plan                             | MAHP1    | Y            | N          | Y             | N          |           |            |
| Medical Associates Health Plan                             | R2792    | Y            | N          |               |            |           |            |
| Medical Benefit Administration Inc.                        | 68041    | Y            | N          |               |            |           |            |
| Medical Benefits Mutual                                    | 74323    | Y            | N          | Y             | N          |           |            |
| Medi-Cal by MedPoint                                       | MPM18    | Y            | N          |               |            |           |            |
| Medical Card System (MCS)                                  | L0170    | Y            | N          |               |            |           |            |



| Payer Name                                                                                                                             | Payer ID | Professional |            | Institutional |            | Dental    |            |
|----------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                        |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| MEDICAL CONTROL                                                                                                                        | 9043P    | Y            | N          |               |            |           |            |
| Medical Mutual of Ohio (Payer requires a 12 digit rendering provider ID which needs to be obtained from payer by calling 800-321-7223) | 29076    | Y            | N          | Y             | N          |           |            |
| MediCal of California                                                                                                                  | MDCAL    | Y            | Y          | Y             | Y          |           |            |
| Medical Reimbursements of America                                                                                                      | 62177    | Y            | N          | Y             | N          |           |            |
| Medical Services Initiative                                                                                                            | 12057    | Y            | N          | Y             | N          |           |            |
| Medicare - JH/Novitas (VA Only)                                                                                                        | 12M61    |              |            | Y             | Y*         |           |            |
| Medicare - JH/Novitas (VA Only)                                                                                                        | SMTX1    | Y            | Y*         |               |            |           |            |
| Medicare DME MAC Jurisdiction A                                                                                                        | SDMEA    | Y            | Y*         |               |            |           |            |
| Medicare DME MAC Jurisdiction B                                                                                                        | SDMEB    | Y            | Y*         |               |            |           |            |
| Medicare DME MAC Jurisdiction D                                                                                                        | SDMED    | Y            | Y*         |               |            |           |            |
| MEDICARE OF MA                                                                                                                         | SMMA0    | Y            | Y*         |               |            |           |            |
| MEDICARE OF MN                                                                                                                         | SMMN0    | Y            | Y*         |               |            |           |            |
| MEDICARE OF MONTANA                                                                                                                    | SMMT0    | Y            | Y*         |               |            |           |            |
| MEDICARE OF PA                                                                                                                         | SMPA0    | Y            | Y*         |               |            |           |            |
| MEDICARE OF SC                                                                                                                         | SMSC0    | Y            | Y*         |               |            |           |            |
| Medicare Plus Blue of MI(MAP)                                                                                                          | 12M85    |              |            | Y             | N          |           |            |
| Medicare Plus Blue of MI(MAP)                                                                                                          | SX170    | Y            | N          |               |            |           |            |
| Medico Insurance Company                                                                                                               | 23160    | Y            | N          | Y             | N          |           |            |
| MEDIGOLD                                                                                                                               | 95655    | Y            | N          | Y             | N          |           |            |
| Mediture IPA                                                                                                                           | AMM11    | Y            | N          | Y             | N          |           |            |
| MedPartners (PHCS Repricing) (PO Box 10240 Fort Wayne In 46857)                                                                        | 441MP    | Y            | N          | Y             | N          |           |            |
| MedPartners Admin Services                                                                                                             | 412MP    | Y            | N          | Y             | N          |           |            |
| MedPay First One                                                                                                                       | 47410    |              |            | Y             | N          |           |            |
| MedSolutions Inc.                                                                                                                      | 62160    | Y            | N          | Y             | N          |           |            |
| Medstar Family Choice DC                                                                                                               | RP062    | Y            | N          | Y             | N          |           |            |
| Medstar Family Choice Maryland Healthchoice                                                                                            | RP063    | Y            | N          | Y             | N          |           |            |
| Medstar Select                                                                                                                         | 251MS    | Y            | N          | Y             | N          |           |            |
| Memorial Clinical Associates                                                                                                           | 62181    |              |            | Y             | N          |           |            |
| Memorial Clinical Associates                                                                                                           | MCA11    | Y            | N          |               |            |           |            |
| Memorial Healthcare IPA                                                                                                                | MHIPA    | Y            | N          |               |            |           |            |
| Memorial Hermann Health Network                                                                                                        | MHHNP    | Y            | N          | Y             | N          |           |            |
| Memorial Hermann Health Solutions                                                                                                      | 12T40    |              |            | Y             | N          |           |            |
| Memorial Hermann Health Solutions                                                                                                      | TH092    | Y            | N          |               |            |           |            |
| Memorial Integrated Healthcare                                                                                                         | 59064    | Y            | N          |               |            |           |            |
| MemorialCare Medical Foundation                                                                                                        | 26080    | Y            | N          |               |            |           |            |
| MemorialCare Medical Foundation                                                                                                        | MMFMC    | Y            | N          |               |            |           |            |
| Mental Health Consultants Inc                                                                                                          | 37050    | Y            | N          | Y             | N          |           |            |
| MERCHANTS BENEFIT ADMIN                                                                                                                | MBAAZ    |              |            |               |            | Y         | N          |
| Merchants Benefit Administration                                                                                                       | 86087    | Y            | N          | Y             | N          |           |            |
| Mercy Health Plan (AHCCCS)                                                                                                             | 86052    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                             | Payer ID | Professional |            | Institutional |            | Dental    |            |
|--------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                        |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Mercy Health Plan of New Jersey (Provider ID Required in Box33a - Contact (800) 682-9091 to obtain ID) | 22326    | Y            | N          | Y             | N          |           |            |
| Mercy Maricopa Integrated Care                                                                         | 33628    | Y            | N          | Y             | N          |           |            |
| Mercy Provider Network                                                                                 | 43185    | Y            | N          | Y             | N          |           |            |
| MercyCare                                                                                              | 39114    | Y            | N          | Y             | N          |           |            |
| Meridian Complete                                                                                      | MHPMI    | Y            | N          | Y             | N          |           |            |
| Meridian Complete Illinois                                                                             | MCCIL    | Y            | N          | Y             | N          |           |            |
| Meridian Health Plan                                                                                   | 13189    | Y            | N          | Y             | N          |           |            |
| Meridian Health Plan Michigan                                                                          | 52563    | Y            | N          | Y             | N          |           |            |
| Meridian Health Plan of Illinois (837I & 837P)                                                         | MHPIL    | Y            | N          | Y             | N          |           |            |
| METCARE HEALTH PLAN                                                                                    | 65113    | Y            | N          | Y             | N          |           |            |
| METLIFE                                                                                                | 65978    |              |            |               |            | Y         | N          |
| Metro Plus Health Plan                                                                                 | 13265    | Y            | N          | Y             | N          |           |            |
| Metropolitan Health Plan                                                                               | 10850    | Y            | N          | Y             | N          |           |            |
| MFC & HealthPlus Peoria                                                                                | 23550    | Y            | N          | Y             | N          |           |            |
| MHCC Luminare Health                                                                                   | 35189    | Y            | N          | Y             | N          |           |            |
| MI Blue Care Network                                                                                   | 12B58    |              |            | Y             | Y          |           |            |
| Miami Behavioral Health                                                                                | 92579    | Y            | N          | Y             | N          |           |            |
| Miami Children's Health Plan                                                                           | 82832    | Y            | N          | Y             | N          |           |            |
| Michigan Blue Care HMO (BCN of Michigan)                                                               | MIBCN    | Y            | N          | Y             | N          |           |            |
| Michigan Blue Care Network                                                                             | SB711    | Y            | N          |               |            |           |            |
| Michigan Medicare                                                                                      | 12M18    |              |            | Y             | Y*         |           |            |
| Michigan Medicare                                                                                      | SMMI0    | Y            | Y*         |               |            |           |            |
| Micron Tech                                                                                            | 96598    | Y            | N          |               |            |           |            |
| Mid-America Associates, Inc.                                                                           | 37281    | Y            | N          | Y             | N          |           |            |
| Mid-American Benefits                                                                                  | 22823    | Y            | N          | Y             | N          |           |            |
| Midlands Choice                                                                                        | 47080    | Y            | N          | Y             | N          |           |            |
| Mid-West Behavioral Health Network                                                                     | MVBCN    | Y            | N          |               |            |           |            |
| Midwest Group Benefits                                                                                 | 61146    | Y            | N          |               |            |           |            |
| Midwest Physician Administrative Services                                                              | TH088    | Y            | N          | Y             | N          |           |            |
| Midwest Securities                                                                                     | MIDSC    | Y            | N          | Y             | N          |           |            |
| Mills Peninsula Medical Group                                                                          | MPMG1    | Y            | N          |               |            |           |            |
| Minnesota Medicare Part A                                                                              | 12M16    |              |            | Y             | N          |           |            |
| Mission Community IPA Med Grp                                                                          | MPM07    | Y            | N          |               |            |           |            |
| Mississippi Medicare                                                                                   | SMMS0    | Y            | Y*         |               |            |           |            |
| Mississippi Physicians Care Network                                                                    | 64084    | Y            | N          | Y             | N          |           |            |
| Mississippi Select Healthcare (Mississippi Select Health Care)                                         | 64088    | Y            | N          | Y             | N          |           |            |
| Missoula County Medical Benefits                                                                       | 37275    | Y            | N          | Y             | N          |           |            |
| Missouri Medicare Eastern                                                                              | SMMO0    | Y            | Y*         |               |            |           |            |
| ML Healthcare                                                                                          | 26097    | Y            | N          | Y             | N          |           |            |
| Molina Complete Care DSNP                                                                              | MCC02    | Y            | N          | Y             | N          |           |            |
| Molina Healcare of New Mexico - SCI                                                                    | 04423    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                                                                | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                                           |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Molina Health Care of South Carolina                                                                                                                      | 46299    | Y            | N          | Y             | N          |           |            |
| MOLINA HEALTHCARE ARIZONA                                                                                                                                 | A4353    | Y            | N          | Y             | N          |           |            |
| Molina Healthcare Idaho                                                                                                                                   | 61799    | Y            | N          | Y             | N          |           |            |
| Molina Healthcare Mississippi                                                                                                                             | 77010    | Y            | N          | Y             | N          |           |            |
| Molina Healthcare Nevada                                                                                                                                  | A6106    | Y            | N          | Y             | N          |           |            |
| Molina Healthcare of CA - Encounters only.                                                                                                                | 33373    | Y            | N          | Y             | N          |           |            |
| Molina Healthcare of California (Rendering provider must use Medi-Cal ID number or State License Number. Billing provider should use Federal TaxID only.) | 38333    | Y            | N          | Y             | N          |           |            |
| Molina Healthcare of Florida                                                                                                                              | 51062    | Y            | N          | Y             | N          |           |            |
| Molina Healthcare of Florida Encounters                                                                                                                   | 00513    | Y            | N          |               |            |           |            |
| Molina Healthcare of Illinois                                                                                                                             | 20934    | Y            | N          | Y             | N          |           |            |
| Molina Healthcare of Iowa                                                                                                                                 | MLNIA    | Y            | N          | Y             | N          |           |            |
| Molina Healthcare of Michigan                                                                                                                             | 38334    | Y            | N          | Y             | N          |           |            |
| Molina Healthcare of Nebraska Inc                                                                                                                         | MLNNE    | Y            | N          | Y             | N          |           |            |
| Molina Healthcare Of Nevada                                                                                                                               | MLNNV    | Y            | N          | Y             | N          |           |            |
| Molina Healthcare of New Mexico                                                                                                                           | NM505    | Y            | N          |               |            |           |            |
| Molina Healthcare of New Mexico Salud                                                                                                                     | 09824    | Y            | N          | Y             | N          |           |            |
| Molina Healthcare of Ohio                                                                                                                                 | 20149    | Y            | N          | Y             | N          |           |            |
| Molina Healthcare of Texas                                                                                                                                | 20554    | Y            | N          | Y             | N          |           |            |
| Molina Healthcare of UT                                                                                                                                   | 12X09    |              |            | Y             | N          |           |            |
| Molina Healthcare of Washington ENCOUNTERS ONLY                                                                                                           | 43174    | Y            | N          |               |            |           |            |
| Molina Ohio Medicaid                                                                                                                                      | 73160    | Y            | N          | Y             | N          |           |            |
| Molina Ohio Medicaid Vision                                                                                                                               | 7316V    | Y            | N          |               |            |           |            |
| Monarch Healthcare IPA (Rendering provider ID required on all claims.)                                                                                    | IP095    | Y            | N          | Y             | N          |           |            |
| Monitor Life Insurance Company of New York                                                                                                                | 16098    |              |            | Y             | N          |           |            |
| Montana Medicare                                                                                                                                          | 12M77    |              |            | Y             | Y*         |           |            |
| Montefiore Contract Management Organization (Provider ID required call 914-377-4400 for ID prior to first claims submissions.)                            | 13174    | Y            | N          | Y             | N          |           |            |
| Montefiore HMO                                                                                                                                            | 46161    | Y            | N          | Y             | N          |           |            |
| Monterey Bay IPA                                                                                                                                          | MBIPA    | Y            | N          |               |            |           |            |
| Monumental Life Ins Co.                                                                                                                                   | MMLIC    | Y            | N          | Y             | N          |           |            |
| Morris Associates aka HealthScope Benefits                                                                                                                | 35092    | Y            | N          | Y             | N          |           |            |
| Mosaic IPA Medical Group (Providers please contact Brandi Guinn 559-735-3892 x233 for authorization.)                                                     | IP083    | Y            | N          |               |            |           |            |
| Motion Picture Industry Health Plan (These claims now processed by Anthem BC of CA)                                                                       | MPI01    | Y            | N          |               |            |           |            |
| MOUNTAIN STATES                                                                                                                                           | 86040    |              |            | Y             | N          |           |            |
| Mountain States Administrators (COLORADO ONLY)                                                                                                            | MTNST    | Y            | N          |               |            |           |            |
| MPE Employee Benefit Services                                                                                                                             | 37233    | Y            | N          | Y             | N          |           |            |
| MPLAN Inc. Healthcare Group                                                                                                                               | 95444    | Y            | N          | Y             | N          |           |            |
| MPM Prospect                                                                                                                                              | MPM16    | Y            | N          |               |            |           |            |

| Payer Name                                                                                                                                             | Payer ID | Professional |            | Institutional |            | Dental    |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                                        |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| MS BCBS State Employees                                                                                                                                | SB731    | Y            | Y          |               |            |           |            |
| MSA Care Guide                                                                                                                                         | 20572    | Y            | N          | Y             | N          |           |            |
| MSO GOLD COAST                                                                                                                                         | GCMISO   | Y            | N          | Y             | N          |           |            |
| Multicare Connected Care                                                                                                                               | RP036    | Y            | N          | Y             | N          |           |            |
| MULTICARE PACE                                                                                                                                         | R3457    | Y            | N          | Y             | N          |           |            |
| MULTIPLAN INCORPORATED                                                                                                                                 | 9048P    | Y            | N          |               |            |           |            |
| Multiplan Wisconsin Preferred Provider Network                                                                                                         | 34080    | Y            | N          | Y             | N          |           |            |
| Multnomah County                                                                                                                                       | MLTOT    | Y            | N          |               |            |           |            |
| Municipal Health Benefits Fund                                                                                                                         | 81883    | Y            | N          | Y             | N          | Y         | N          |
| Muskegon Care                                                                                                                                          | A1681    | Y            | N          |               |            |           |            |
| Mutual of Omaha                                                                                                                                        | 71412    | Y            | N          | Y             | N          | Y         | N          |
| MUTUAL OF OMAHA                                                                                                                                        | MUTOM    | Y            | N          |               |            |           |            |
| MVP Health Plan of NY                                                                                                                                  | 14165    | Y            | N          | Y             | N          |           |            |
| My Family Medical Group                                                                                                                                | 33020    | Y            | N          |               |            |           |            |
| MyNexus Inc.                                                                                                                                           | 32043    | Y            | N          | Y             | N          |           |            |
| NAA (North America Administrators)                                                                                                                     | 65085    | Y            | N          | Y             | N          |           |            |
| NAHGA Claim Services                                                                                                                                   | 67788    | Y            | N          | Y             | N          |           |            |
| NAMCI Global Care                                                                                                                                      | L0110    | Y            | N          | Y             | N          |           |            |
| NAMM                                                                                                                                                   | E3287    | Y            | N          | Y             | N          |           |            |
| Naphcare Inc                                                                                                                                           | 58182    | Y            | N          | Y             | N          | Y         | N          |
| Nascentia Health Plan                                                                                                                                  | 45529    | Y            | N          | Y             | N          |           |            |
| National Allied Workers Union Local 831                                                                                                                | CB148    | Y            | N          | Y             | N          |           |            |
| National Association of Letter Carriers                                                                                                                | 53011    | Y            | N          | Y             | N          |           |            |
| National Association of Letter Carriers                                                                                                                | 53012    |              |            | Y             | N          |           |            |
| National Elevator (837I & 837P)                                                                                                                        | CX045    |              |            |               |            | Y         | N          |
| National General                                                                                                                                       | ASHC1    | Y            | N          | Y             | N          | Y         | N          |
| National Health Benefit                                                                                                                                | 88057    | Y            | N          | Y             | N          |           |            |
| NATIONAL HEALTHCARE CORPORATION ADVANTAGE                                                                                                              | NHC01    | Y            | N          | Y             | N          |           |            |
| National Imaging Associates                                                                                                                            | SX190    | Y            | N          |               |            |           |            |
| National Teachers Association (NTA)                                                                                                                    | NTA11    | Y            | N          |               |            |           |            |
| National Telecom Association                                                                                                                           | 52120    | Y            | N          |               |            | Y         | N          |
| National Telecommunications Cooperative Association (NTCA)                                                                                             | 52103    | Y            | N          | Y             | N          |           |            |
| National Telecommunications Cooperative Association (NTCS Staff)                                                                                       | 52104    | Y            | N          | Y             | N          |           |            |
| National Vision                                                                                                                                        | NVADM    | Y            | N          |               |            |           |            |
| NCAS - Charlotte VA                                                                                                                                    | 75191    | Y            | N          | Y             | N          |           |            |
| NCAS - Fairfax VA                                                                                                                                      | 75190    | Y            | N          | Y             | N          |           |            |
| Nebraska Blue Cross Blue Shiel                                                                                                                         | 00260    |              |            | Y             | N          |           |            |
| Nebraska Medicare                                                                                                                                      | 12M19    |              |            | Y             | Y*         |           |            |
| Nebraska Medicare                                                                                                                                      | SMNE0    | Y            | Y*         |               |            |           |            |
| Neighborhood Health Partnership (NHP)                                                                                                                  | 96107    | Y            | N          | Y             | N          |           |            |
| Neighborhood Health Partnership (NHP) If member id begins with JD use original PID else use 87726. Checkk eligibility online to validate member card.) | 95123    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                                                                    | Payer ID | Professional |            | Institutional |            | Dental    |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                                               |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Neighborhood Health Plan of Rhode Island                                                                                                                      | 05047    | Y            | N          | Y             | N          |           |            |
| Neighborhood Health Plan of Rhode Island - Exchange, Unity, Integrity                                                                                         | 96240    | Y            | N          | Y             | N          |           |            |
| NEIGHBORHOOD HEALTHCARE PACE                                                                                                                                  | R3456    | Y            | N          | Y             | N          |           |            |
| Neighborhood Plan (Boston MA)                                                                                                                                 | 04293    | Y            | N          | Y             | N          |           |            |
| Nesika Health Group (Old payerID of 37255 is no longer valid.)                                                                                                | 75280    | Y            | N          | Y             | N          |           |            |
| Netcare Life and Health Insurance                                                                                                                             | 66055    | Y            | N          | Y             | N          | Y         | N          |
| Network Health                                                                                                                                                | 04332    | Y            | N          | Y             | N          |           |            |
| Network Health Plan of Wisconsin Inc.(Prior to initial claims submission please contact Network Health Plan EDI specialist at 920-720-1506.)                  | 39144    | Y            | N          | Y             | N          |           |            |
| Network Healthplan of Wisconsin                                                                                                                               | 39111    |              |            | Y             | N          |           |            |
| Network Solutions IPA                                                                                                                                         | NSIPA    | Y            | N          | Y             | N          |           |            |
| NEUEHEALTH                                                                                                                                                    | NEUEH    | Y            | N          | Y             | N          |           |            |
| Nevada Blue Shield                                                                                                                                            | 00265    | Y            | N          | Y             | N          |           |            |
| Nevada Medicare                                                                                                                                               | SMNV0    | Y            | Y*         |               |            |           |            |
| New Avenues Inc.                                                                                                                                              | 95998    | Y            | N          | Y             | N          |           |            |
| New Century Health                                                                                                                                            | NCHCA    | Y            | N          |               |            |           |            |
| New Century Health - Vista Cardiology                                                                                                                         | NCH09    | Y            | N          |               |            |           |            |
| New Century Health Arizona Integrated Physicians                                                                                                              | NCHOR    | Y            | N          |               |            |           |            |
| New Century Health Urology                                                                                                                                    | NCH03    | Y            | N          |               |            |           |            |
| New England The                                                                                                                                               | 66893    | Y            | N          |               |            |           |            |
| NEW ERA LIFE INSURANCE CO                                                                                                                                     | 76258    |              |            | Y             | N          |           |            |
| New Era Life Insurance Company                                                                                                                                | 98798    | Y            | N          | Y             | N          |           |            |
| New Hampshire Medicare                                                                                                                                        | 12M21    |              |            | Y             | Y*         |           |            |
| New Hampshire Medicare                                                                                                                                        | SMNH0    | Y            | Y*         |               |            |           |            |
| New Jersey Medicare                                                                                                                                           | 12005    |              |            | Y             | Y*         |           |            |
| New Jersey Medicare                                                                                                                                           | SMNJ0    | Y            | Y*         |               |            |           |            |
| New Mexico Blue Cross Community Centennial (MemberIDs start with YIP )                                                                                        | MC721    | Y            | N          | Y             | N          |           |            |
| New Mexico Health Connections                                                                                                                                 | 45129    | Y            | N          | Y             | N          |           |            |
| New Mexico Medicare                                                                                                                                           | 12M22    |              |            | Y             | Y*         |           |            |
| New Mexico Medicare                                                                                                                                           | SMNM0    | Y            | Y*         |               |            |           |            |
| New York Excellus Blue Cross Blue Shield Central                                                                                                              | SB805    | Y            | N          |               |            |           |            |
| New York Life                                                                                                                                                 | 12T69    |              |            | Y             | N          |           |            |
| New York Life - Long Term Care                                                                                                                                | NYL11    | Y            | N          | Y             | N          |           |            |
| New York Medical Imaging-MVP                                                                                                                                  | 14179    | Y            | N          | Y             | N          |           |            |
| New York Medical Indemnity Fund                                                                                                                               | NYDFS    | Y            | N          | Y             | N          |           |            |
| New York Medicare Empire                                                                                                                                      | 12M35    |              |            | Y             | Y*         |           |            |
| New York Medicare Empire                                                                                                                                      | SMNY0    | Y            | Y*         |               |            |           |            |
| New York Medicare GHI                                                                                                                                         | SMNY2    | Y            | Y*         |               |            |           |            |
| New York Medicare Upstate                                                                                                                                     | SMNY1    | Y            | Y*         |               |            |           |            |
| New York Network Management (Healthplus Amerigroup claims with Dates of service after March 1st 2015 should be sent directly to the payer with payerID 27514) | 11334    | Y            | N          |               |            |           |            |

| Payer Name                                                                  | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-----------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                             |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Nexcaliber                                                                  | ADSL1    | Y            | N          | Y             | N          |           |            |
| Next Level Health Partners                                                  | 69821    | Y            | N          | Y             | N          |           |            |
| Next Level Partners                                                         | 81085    | Y            | N          | Y             | N          |           |            |
| NextBlue                                                                    | 55892    | Y            | N          | Y             | N          |           |            |
| NEXTPA                                                                      | IHS21    | Y            | N          | Y             | N          |           |            |
| NHI Billing                                                                 | 14043    | Y            | N          | Y             | N          |           |            |
| Nippon Life Insurance Company of America                                    | 81264    | Y            | N          | Y             | N          | Y         | N          |
| Nivano Physicians IPA                                                       | MBA01    | Y            | N          | Y             | N          |           |            |
| North American Administrators Inc.                                          | 64157    | Y            | N          | Y             | N          |           |            |
| North American Benefits Network (NABN)                                      | 34159    | Y            | N          | Y             | N          |           |            |
| North American Medical Management (Provider number must be in box 33a)      | IP079    | Y            | N          |               |            |           |            |
| North Carolina Medicare                                                     | 12M23    |              |            | Y             | Y*         |           |            |
| North Carolina Medicare                                                     | SMNC0    | Y            | Y*         |               |            |           |            |
| North Dakota Medicare                                                       | SMND0    | Y            | Y*         |               |            |           |            |
| North Shore - LIJ (Healthfirst)                                             | 17516    | Y            | N          | Y             | N          |           |            |
| North West Life                                                             | PH018    | Y            | N          |               |            |           |            |
| NorthCoast Health Care Management                                           | RP089    | Y            | N          | Y             | N          |           |            |
| NORTHCOAST HEALTHCARE                                                       | A2790    | Y            | N          | Y             | N          |           |            |
| Northern California Advantage Medical Group                                 | NCA01    | Y            | N          |               |            |           |            |
| Northern California Medicare                                                | SMCA1    | Y            | Y*         |               |            |           |            |
| Northern Illinois Health Plan                                               | 36347    | Y            | N          | Y             | N          | Y         | N          |
| Northern Nevada Trust Funds (Call 775-826-7200 prior to submitting claims.) | 88027    | Y            | N          | Y             | N          |           |            |
| Northridge Medical Group                                                    | NMG01    | Y            | N          |               |            |           |            |
| NORTHWEST COMMUNITY HEALTH PARTNERS                                         | NWCHP    | Y            | N          | Y             | N          |           |            |
| Northwest Physicians Network                                                | NPN11    | Y            | N          | Y             | N          |           |            |
| Northwest Suburban IPA (IL)                                                 | 36346    | Y            | N          | Y             | N          |           |            |
| NORTHWESTERN MEDICINE PHYSICIANS NETWORK                                    | NWEST    | Y            | N          | Y             | N          |           |            |
| Northwood Healthcare                                                        | NWOOD    | Y            | N          | Y             | N          |           |            |
| Nova Healthcare Administrators Inc. (Grand Island NY)                       | 16644    | Y            | N          | Y             | N          |           |            |
| NovaNet                                                                     | 06226    | Y            | N          |               |            |           |            |
| Novant Health Direct to Employers                                           | HLSTA    | Y            | N          | Y             | N          |           |            |
| Nueces County Hospital District                                             | 45210    | Y            | N          | Y             | N          |           |            |
| NW Comm Hlth Part                                                           | NANWC    | Y            | N          |               |            |           |            |
| NW Diagnostic Clinic SelectCare of Texas (NWDC)                             | 62119    | Y            | N          | Y             | N          |           |            |
| NX Health Network                                                           | 44412    | Y            | N          | Y             | N          |           |            |
| NY Central FEP (Federal Employee Program) Blue Shield                       | N2FEP    | Y            | N          |               |            |           |            |
| Nyhart                                                                      | 37299    | Y            | N          | Y             | N          |           |            |
| NYS Department of Health                                                    | 14142    | Y            | N          | Y             | N          | Y         |            |
| OAK STREET HEALTH                                                           | OAKST    | Y            | N          | Y             | N          |           |            |
| OCHSNER HEALTH PLAN                                                         | A5236    | Y            | N          | Y             | N          |           |            |
| ODS Health Plan                                                             | 13350    | Y            | N          | Y             | N          |           |            |
| Ohio Health Choice PPO                                                      | 34189    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                                             | Payer ID | Professional |            | Institutional |            | Dental    |            |
|----------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                        |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Ohio Medicare                                                                                                                          | SMOH0    | Y            | Y*         |               |            |           |            |
| Ohio PPO Connect                                                                                                                       | 74431    | Y            | N          | Y             | N          |           |            |
| OhioHealthy                                                                                                                            | 48116    | Y            | N          | Y             | N          |           |            |
| Oklahoma Medicare                                                                                                                      | 12M37    |              |            | Y             | Y*         |           |            |
| Oklahoma Medicare                                                                                                                      | SMOK0    | Y            | Y*         |               |            |           |            |
| OLOLRMC Uninsured Patient Services Program                                                                                             | OLRMC    | Y            | N          |               |            |           |            |
| Olympus Management Health Care                                                                                                         | 65074    | Y            | N          | Y             | N          |           |            |
| OMNI IPA                                                                                                                               | 36090    | Y            | N          |               |            |           |            |
| OmniCare (For claims with Dates of Service after 10 01 04)                                                                             | 25150    | Y            | N          | Y             | N          |           |            |
| Omnicare IPA                                                                                                                           | OMN02    | Y            | N          |               |            |           |            |
| Oncology Network of Orange County.                                                                                                     | ONOCI    | Y            | N          |               |            |           |            |
| One Call Medical                                                                                                                       | 22321    | Y            | N          | Y             | N          |           |            |
| ONE HEALTH PLAN GEORGIA                                                                                                                | 95569    | Y            | N          | Y             | N          |           |            |
| One Health Plan of California                                                                                                          | 95379    | Y            | N          | Y             | N          |           |            |
| One Health Plan of Colorado                                                                                                            | 95412    | Y            | N          |               |            |           |            |
| One Health Plan of Illinois                                                                                                            | 95388    | Y            | N          | Y             | N          |           |            |
| OPEIU Locals 30 & 537                                                                                                                  | BPA01    | Y            | N          |               |            |           |            |
| Opticare Eye Health Network                                                                                                            | 56190    | Y            | N          |               |            |           |            |
| Opticare of Utah                                                                                                                       | OPCAU    | Y            | N          |               |            |           |            |
| Optimum Healthcare Inc.                                                                                                                | 20133    | Y            | N          | Y             | N          |           |            |
| Optimum HealthCare Services                                                                                                            | 33102    |              |            | Y             | N          |           |            |
| Optum Care Network                                                                                                                     | OCN01    | Y            | N          | Y             | N          |           |            |
| Optum RX                                                                                                                               | ORXM1    | Y            | N          |               |            |           |            |
| Optum San Diego Public Sector                                                                                                          | OSDPS    | Y            | N          |               |            |           |            |
| OPTUM VACCN ENCLAVE                                                                                                                    | VACD1    |              |            |               |            | Y         | N          |
| OPTUM VACCN ENCLAVE POST                                                                                                               | VAPD1    |              |            |               |            | Y         | N          |
| OPTUM VACCN POST REGION 2                                                                                                              | VAPM2    | Y            | N          | Y             | N          |           |            |
| OPTUM VACCN POST REGION 2                                                                                                              | VAPD2    |              |            |               |            | Y         | N          |
| OPTUM VACCN POST REGION 3                                                                                                              | VAPM3    | Y            | N          | Y             | N          |           |            |
| OPTUM VACCN POST REGION 3                                                                                                              | VAPD3    |              |            |               |            | Y         | N          |
| OPTUM VACCN PRE REGION 2                                                                                                               | VACM2    | Y            | N          | Y             | N          |           |            |
| OPTUM VACCN PRE REGION 2                                                                                                               | VACD2    |              |            |               |            | Y         | N          |
| OPTUM VACCN PRE REGION 3                                                                                                               | VACM3    | Y            | N          | Y             | N          |           |            |
| OPTUM VACCN PRE REGION 3                                                                                                               | VACD3    |              |            |               |            | Y         | N          |
| OptumCare AZ UT (formerly Lifeprint Network)                                                                                           | LIFE1    | Y            | N          | Y             | N          |           |            |
| OptumHealth Complex Medical Conditions (CMC) (formerly OptumHealth Care Solutions and United Resource Networks) (Former payerID 52190) | 41194    | Y            | N          | Y             | N          |           |            |
| OptumHealth Physical Health - includes Oxford (former payer id 41159 41160)                                                            | 41161    | Y            | N          |               |            |           |            |
| OptumHealth Salt Lake County                                                                                                           | U6885    | Y            | N          |               |            |           |            |
| Oregon BCBS Regence                                                                                                                    | 00851    | Y            | N          | Y             | N          |           |            |
| Oregon Health Mgmt OHMS aka Primary Health of Josephine                                                                                | OHMSP    | Y            | N          |               |            |           |            |
| Oregon Medicare                                                                                                                        | 12M41    |              |            | Y             | Y*         |           |            |

| Payer Name                                                                                              | Payer ID | Professional |            | Institutional |            | Dental    |            |
|---------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                         |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Oregon Medicare                                                                                         | SMOR0    | Y            | Y*         |               |            |           |            |
| Orthonet - AETNA                                                                                        | 13383    | Y            | N          | Y             | N          |           |            |
| Oscar Health                                                                                            | OSCAR    | Y            | N          | Y             | N          |           |            |
| Oscar Health                                                                                            | PE090    | Y            | N          | Y             | N          |           |            |
| OSF HEALTHCARE EAST                                                                                     | OSFE9    | Y            | N          | Y             | N          |           |            |
| OSG-Michael Reese                                                                                       | 37127    | Y            | N          |               |            |           |            |
| Oxford Health Plans                                                                                     | 06111    | Y            | N          | Y             | N          |           |            |
| Oxford Repriced                                                                                         | RP111    | Y            | N          | Y             | N          |           |            |
| P3 Health Partners -Arizona                                                                             | 58375    | Y            | N          | Y             | N          |           |            |
| P3 Health Partners Nevada                                                                               | P3HNV    | Y            | N          | Y             | N          |           |            |
| P5 Health                                                                                               | 87068    | Y            | N          | Y             | N          |           |            |
| PA Preferred Hlth Network                                                                               | 06161    | Y            | N          | Y             | N          |           |            |
| Pace Central Iowa                                                                                       | 72436    | Y            | N          | Y             | N          |           |            |
| PACE CNY                                                                                                | 70454    | Y            | N          | Y             | N          |           |            |
| Pace Nebraska                                                                                           | 35416    | Y            | N          | Y             | N          |           |            |
| Pace Southeast Michigan                                                                                 | 86711    | Y            | N          | Y             | N          |           |            |
| Pace Southwest Iowa                                                                                     | 53534    | Y            | N          | Y             | N          |           |            |
| Pacific Administrators                                                                                  | PCFAD    | Y            | N          | Y             | N          |           |            |
| Pacific Southwest Administrators (PSWA)                                                                 | 75309    | Y            | N          | Y             | N          |           |            |
| PacifiCare of Colorado                                                                                  | COPHS    |              |            | Y             | N          |           |            |
| PacificareEnc for Relay only                                                                            | PHS58    |              |            | Y             | N          |           |            |
| PacificSource Administrators                                                                            | 93031    | Y            | N          | Y             | N          |           |            |
| PacificSource Commercial                                                                                | 93029    | Y            | N          | Y             | N          |           |            |
| Pacificsource Community Solutions                                                                       | 20416    | Y            | N          | Y             | N          |           |            |
| Pacificsource OHP                                                                                       | COIHS    | Y            | N          |               |            |           |            |
| Palo Alto Medical Foundation                                                                            | 94115    |              |            | Y             | N          |           |            |
| Palo Alto Medical Foundation                                                                            | IP132    | Y            | N          |               |            |           |            |
| Pan-American Life Insurance Group                                                                       | 04218    | Y            | N          | Y             | N          | Y         | N          |
| PAPER CLAIMS                                                                                            | PAPER    | Y            | N          | Y             | N          |           |            |
| Parallon RCPS                                                                                           | PARLN    | Y            | Y          | Y             | Y          |           |            |
| Paramount Health                                                                                        | SX158    | Y            | N          | Y             | N          |           |            |
| Parkland Community Health Plan                                                                          | 66917    | Y            | N          | Y             | N          |           |            |
| Partners Behavioral Health                                                                              | 13141    | Y            | Y          |               |            |           |            |
| Partners Behavioral Health                                                                              | 52613    | Y            | Y          | Y             | N          |           |            |
| Partners Health Plan                                                                                    | 14966    | Y            | N          | Y             | N          |           |            |
| PARTNERS IN HEALTH                                                                                      | PARTH    | Y            | N          | Y             | N          |           |            |
| Partners Nat HP NC                                                                                      | 56152    | Y            | N          |               |            |           |            |
| Partnership Health Plan (Client must contact OptumInsight Enrollments Department for enrollment forms.) | PHP02    | Y            | Y          |               |            |           |            |
| Partnership Health Plan CA                                                                              | 12M81    |              |            | Y             | Y          |           |            |
| Partnership HealthPlan of California                                                                    | SX140    | Y            | Y          |               |            |           |            |
| Passport Advantage                                                                                      | 97652    | Y            | N          | Y             | N          |           |            |



| Payer Name                                                                                                                                                   | Payer ID | Professional |            | Institutional |            | Dental    |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                                              |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Passport Advantage Effective 7-1 Passport Advantage under new PID 66008                                                                                      | 66008    | Y            | N          | Y             | N          |           |            |
| Passport by Molina Healthcare                                                                                                                                | A6863    | Y            | N          | Y             | N          |           |            |
| Passport Health Plan                                                                                                                                         | 61325    | Y            | N          | Y             | N          |           |            |
| Passport Health Plan by Molina Healthcare Internal ONLY                                                                                                      | 6132A    | Y            | N          | Y             | N          |           |            |
| Patient Access                                                                                                                                               | PAN01    | Y            | N          |               |            |           |            |
| Patient Advocates                                                                                                                                            | 55489    | Y            | N          | Y             | N          |           |            |
| PATIENTPAY                                                                                                                                                   | 26335    | Y            | N          |               |            |           |            |
| Payer Fusion Holdings                                                                                                                                        | 27048    | Y            | N          | Y             | N          |           |            |
| Peak Health                                                                                                                                                  | PEAK0    | Y            | N          | Y             | N          |           |            |
| Peak Health                                                                                                                                                  | RP095    | Y            | N          | Y             | N          |           |            |
| Peak Pace Solutions                                                                                                                                          | 27034    | Y            | N          | Y             | N          |           |            |
| Pediatric Associates of Broward                                                                                                                              | 20472    | Y            | N          | Y             | N          |           |            |
| Pedicare Title 19                                                                                                                                            | M3FL8    |              |            | Y             | N          |           |            |
| Pedicare Title 19                                                                                                                                            | PN004    |              |            | Y             | N          |           |            |
| Pedicare Title 21                                                                                                                                            | M3FL6    |              |            | Y             | N          |           |            |
| Pedicare Title 21                                                                                                                                            | PN007    |              |            | Y             | N          |           |            |
| PEF CLINIC                                                                                                                                                   | PEF01    | Y            | N          | Y             | N          |           |            |
| PEHP - Utah Public Employee Health Plan                                                                                                                      | 12X36    |              |            | Y             | Y          |           |            |
| PEHP - Utah Public Employee Health Plan (Enrollment required please contact Provider Relations 800-765-7347)                                                 | SX106    | Y            | Y          | Y             | Y          |           |            |
| Penn Behavioral Health                                                                                                                                       | 53226    | Y            | N          | Y             | N          |           |            |
| Pennsylvania Freedom Blue Medicare Advantage                                                                                                                 | 95462    |              |            | Y             | Y          |           |            |
| Pennsylvania Independence Blue Cross                                                                                                                         | SX083    | Y            | Y          |               |            |           |            |
| Pennsylvania Keystone Health Plan East (claims only)                                                                                                         | PCBLS    | Y            | Y          |               |            |           |            |
| Pennsylvania Keystone Health Plan East (encounters only)                                                                                                     | PEBLS    | Y            | Y          |               |            |           |            |
| Pennsylvania Life Insurance                                                                                                                                  | 23130    | Y            | N          |               |            |           |            |
| Pennsylvania Pace                                                                                                                                            | 20172    | Y            | N          | Y             | N          |           |            |
| PEOPLE 1st HEALTH STRATEGIES                                                                                                                                 | IHS03    | Y            | N          | Y             | N          |           |            |
| PEOPLE ONE HEALTH                                                                                                                                            | IHS01    | Y            | N          |               |            |           |            |
| Pequot Pharmaceutical Network                                                                                                                                | 37121    | Y            | N          | Y             | N          | Y         | N          |
| PERENNIAL ADVANTAGE OF COLORADO                                                                                                                              | PACO1    |              |            | Y             | N          |           |            |
| PERENNIAL ADVANTAGE OF OHIO                                                                                                                                  | PAOH1    | Y            | N          |               |            |           |            |
| Personal Choice                                                                                                                                              | SX055    | Y            | Y          |               |            |           |            |
| Phoenix Health Plan                                                                                                                                          | 03440    | Y            | N          | Y             | N          |           |            |
| PHP TPA Services                                                                                                                                             | 30031    | Y            | N          | Y             | N          |           |            |
| Physician Associates of Greater San Gabriel Valley                                                                                                           | PA513    | Y            | N          |               |            |           |            |
| Physician Health Cooperative SRRIPA Stones River Regionl IPA                                                                                                 | 57549    | Y            | N          |               |            |           |            |
| Physician Health Network                                                                                                                                     | MHM03    | Y            | N          |               |            |           |            |
| Physicians Care Network                                                                                                                                      | 38265    | Y            | N          | Y             | N          |           |            |
| Physicians Care Network (Rockford IL Only) PayerID valid only for claims with billing submission name city and state of Physicians Care Network Rockford IL. | 36345    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                         | Payer ID | Professional |            | Institutional |            | Dental    |            |
|--------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                    |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Physicians Care Network The Polyclinic                                                                             | PCN12    | Y            | N          |               |            |           |            |
| Physicians Choice Medical Group of Santa Maria                                                                     | MCI01    | Y            | N          | Y             | N          |           |            |
| Physicians Choice Medical Grp of San Luis Obispo (formerly San Luis Obispo Select IPA)                             | SLOS1    | Y            | N          |               |            |           |            |
| Physicians Corporation of America (Florida Plan Only)                                                              | 65018    |              |            | Y             | N          |           |            |
| Physicians Health Collaborative                                                                                    | 20398    | Y            | N          | Y             | N          |           |            |
| Physicians Health Network                                                                                          | MHCM2    | Y            | N          |               |            |           |            |
| Physicians Health Plan (For behavioral Health claims processing see documents sent to your office from the payer.) | 37330    | Y            | N          | Y             | N          |           |            |
| Physicians Health Plan (PHP-SC)                                                                                    | 09173    | Y            | N          |               |            |           |            |
| Physicians Health Plan of Northern Indiana                                                                         | 12399    | Y            | N          | Y             | N          |           |            |
| Physicians Healthways IPA                                                                                          | PHIPA    | Y            | N          |               |            |           |            |
| PHYSICIANS MUTUAL                                                                                                  | CX068    |              |            |               |            | Y         | N          |
| Physicians of Southwest Washington                                                                                 | 91171    | Y            | N          | Y             | N          |           |            |
| Physicians Plus Insurance Corp.                                                                                    | 39156    | Y            | N          | Y             | N          |           |            |
| PHYSMETRICS                                                                                                        | 48008    | Y            | N          |               |            |           |            |
| PID Centivo                                                                                                        | 45564    | Y            | N          | Y             | N          |           |            |
| PIH Health                                                                                                         | PIH01    | Y            | N          |               |            |           |            |
| Pinnacle Medical Group                                                                                             | 95271    | Y            | N          | Y             | N          |           |            |
| PINNACOL ASSURANC                                                                                                  | CCIA1    | Y            | N          |               |            |           |            |
| PINNACOL ASSURANCE                                                                                                 | 84109    |              |            | Y             | N          |           |            |
| Pioneer Provider Network                                                                                           | PPNZZ    | Y            | N          |               |            |           |            |
| Pittman Crossover                                                                                                  | 00156    | Y            | N          | Y             | N          |           |            |
| Pittsburgh Care Partnership                                                                                        | 23283    | Y            | N          | Y             | N          |           |            |
| PMG of San Jose                                                                                                    | EXC01    |              |            | Y             | N          |           |            |
| PMG of San Jose                                                                                                    | PMGSJ    | Y            | N          |               |            |           |            |
| PODIATRY FIRST INCORPORATED                                                                                        | POD1S    | Y            | N          |               |            |           |            |
| Point Comfort Underwriters                                                                                         | PCU01    | Y            | N          | Y             | N          |           |            |
| Point Comfort Underwriters                                                                                         | PCU03    | Y            | N          |               |            |           |            |
| Point Comfort Underwriters (Payer not accepting electronic claims until February 1st 2017)                         | PCU02    | Y            | N          | Y             | N          |           |            |
| Pomona Valley Medical Group (PVMG) ProMed                                                                          | IP057    | Y            | N          |               |            |           |            |
| POOL ADMINISTRATORS PRIMARY                                                                                        | PAI01    | Y            | N          |               |            |           |            |
| POOL ADMINISTRATORS SECONDARY                                                                                      | PAI02    | Y            | N          |               |            |           |            |
| Populytics (formerly Spectrum Administrators)                                                                      | 23253    | Y            | N          | Y             | N          |           |            |
| PPO Plus LLC                                                                                                       | 72148    | Y            | N          | Y             | N          |           |            |
| ppoONE                                                                                                             | UHNDG    | Y            | N          |               |            |           |            |
| Preferred Administrator (Contact Provider Relations (915)532-2778 x1068)                                           | EPF10    | Y            | N          | Y             | N          |           |            |
| Preferred Benefit Admins                                                                                           | 53476    | Y            | N          | Y             | N          |           |            |
| PREFERRED CARE - NY                                                                                                | 12X04    |              |            | Y             | N          |           |            |
| Preferred Care Partners FL                                                                                         | 65088    | Y            | N          | Y             | N          |           |            |
| PREFERRED HEALTH PLAN OF CAROLINAS (PHPC)                                                                          | CB404    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                                                         | Payer ID | Professional |            | Institutional |            | Dental    |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                                    |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Preferred Health Professionals                                                                                                                     | 31478    | Y            | N          | Y             | N          |           |            |
| Preferred Health Professionals Kansas City                                                                                                         | 00036    | Y            | N          |               |            |           |            |
| Preferred Health Systems Inc.                                                                                                                      | 60110    | Y            | N          | Y             | N          |           |            |
| Preferred Health Systems Insurance Co (PPO)                                                                                                        | 61665    | Y            | N          | Y             | N          |           |            |
| Preferred HealthCare Lancas                                                                                                                        | 33898    | Y            | N          | Y             | N          |           |            |
| Preferred IPA                                                                                                                                      | PFIPA    | Y            | N          | Y             | N          |           |            |
| Preferred Network Access                                                                                                                           | 36401    | Y            | N          | Y             | N          |           |            |
| Preferred One                                                                                                                                      | 41147    | Y            | N          | Y             | N          |           |            |
| PREMERA BLUE CROSS (WA)                                                                                                                            | 00430    | Y            | N          | Y             | N          |           |            |
| Premier Administrative Solutions                                                                                                                   | 65415    | Y            | N          | Y             | N          |           |            |
| Premier Eye Care                                                                                                                                   | 65054    | Y            | N          |               |            |           |            |
| Premier Healthcare Exchange                                                                                                                        | 88051    | Y            | N          | Y             | N          |           |            |
| Presbyterian Health Plan (Commercial) (Provider ID is required. Contact (888) 923-5757 6 then 2 to obtain ID. New Mexico Providers only.)          | PREHP    | Y            | N          | Y             | N          |           |            |
| Presbyterian Salud (Please add provider number in 2010AA REF02 or 2310B REF02 Number is 11 digits or less. Contact 888-923-5757 6 2 to obtain ID.) | PRESA    | Y            | N          | Y             | N          |           |            |
| Presbyterian(NM)                                                                                                                                   | 05003    | Y            | N          | Y             | N          |           |            |
| Presence ERC                                                                                                                                       | 46311    | Y            | N          | Y             | N          |           |            |
| Prevea Health Insurance Plan                                                                                                                       | 39185    | Y            | N          | Y             | N          |           |            |
| PREZZO                                                                                                                                             | A2314    | Y            | N          | Y             | N          |           |            |
| PREZZO                                                                                                                                             | CB531    | Y            | N          | Y             | N          |           |            |
| Primary Care Assoc of California (Customer Service Phone Number 877-602-1563)                                                                      | PCACZ    | Y            | N          | Y             | N          |           |            |
| Primary Care of Joliet                                                                                                                             | PCJOL    | Y            | N          | Y             | N          |           |            |
| Primary Health Network                                                                                                                             | 82048    | Y            | N          | Y             | N          |           |            |
| Prime Community Care Central Valley                                                                                                                | MVCV1    | Y            | N          | Y             | N          |           |            |
| Prime West Health Plan                                                                                                                             | 61604    | Y            | N          | Y             | N          |           |            |
| PrimeSource Health Network                                                                                                                         | 04320    | Y            | N          | Y             | N          |           |            |
| Principal Financial Group (Vision Claims only.)                                                                                                    | 61271    | Y            | N          |               |            | Y         | N          |
| Priority Health                                                                                                                                    | 38217    | Y            | N          | Y             | N          | Y         | N          |
| Prism Health Networks (Now known as Palladian Muscular Skeletal Health )                                                                           | 37268    | Y            | N          |               |            |           |            |
| Prism Univera                                                                                                                                      | 37315    | Y            | N          | Y             | N          |           |            |
| PROCARE TEXAS                                                                                                                                      | PTX01    | Y            | N          | Y             | N          |           |            |
| Productive Processing Inc.                                                                                                                         | 13396    | Y            | N          |               |            |           |            |
| Professional Benefit Administrators Inc. (Oak Brook IL)                                                                                            | 36331    | Y            | N          | Y             | N          |           |            |
| Professional Claims Management                                                                                                                     | 37242    | Y            | N          | Y             | N          |           |            |
| Professional Claims Manangement                                                                                                                    | 56001    | Y            | N          |               |            |           |            |
| PROGYNY                                                                                                                                            | PROGY    | Y            | N          | Y             | N          |           |            |
| Prominence Administrative Services                                                                                                                 | 88022    | Y            | N          | Y             | N          | Y         | N          |
| Prominence Health Plan                                                                                                                             | 88029    | Y            | N          | Y             | N          | Y         | N          |
| Prominence Health Plan – Laboratory                                                                                                                | 88082    | Y            | N          | Y             | N          | Y         | N          |
| Prominence Health Plan of Nevada                                                                                                                   | 93082    | Y            | N          | Y             | N          | Y         | N          |

| Payer Name                                                       | Payer ID | Professional |            | Institutional |            | Dental    |            |
|------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                  |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Prominence Health Plan of Texas                                  | 80095    | Y            | N          | Y             | N          | Y         | N          |
| Prominence HealthFirst of Florida Inc                            | 83352    | Y            | N          | Y             | N          | Y         | N          |
| Prospect Medical Group                                           | PROSP    | Y            | N          | Y             | N          |           |            |
| Providence Choice Option                                         | PHP01    | Y            | N          | Y             | N          |           |            |
| Providence Facility Claims                                       | PROV1    | Y            | N          | Y             | N          |           |            |
| Providence Health Assurance                                      | 77350    | Y            | N          | Y             | N          |           |            |
| Providence Health Assurance                                      | 77355    | Y            | N          | Y             | N          |           |            |
| Providence Health Plan                                           | SX133    | Y            | N          | Y             | N          |           |            |
| Providence Health PPO                                            | SX187    | Y            | N          | Y             | N          |           |            |
| Providence Insurance & Administrative Services                   | PAS01    | Y            | N          | Y             | N          |           |            |
| Providence Preferred (PPO) (ProviderID and Enrollment required.) | PHP00    | Y            | N          |               |            |           |            |
| Provider Partners Health Plan Illinois                           | 31401    | Y            | N          | Y             | N          |           |            |
| Provider Partners Health Plan of Texas                           | 31405    | Y            | N          | Y             | N          |           |            |
| Provider Partners Health Plan Pennsylvania                       | 31400    | Y            | N          | Y             | N          |           |            |
| ProviDRs Care Network                                            | 48100    | Y            | N          | Y             | N          |           |            |
| PruCare HMO (Encounters Only)                                    | HM015    | Y            | N          |               |            |           |            |
| Prudent Medical Group                                            | MPM25    | Y            | N          |               |            |           |            |
| Pruitt Health Premier                                            | PH001    | Y            | N          | Y             | N          |           |            |
| PRUITT HEALTH PREMIER (NORTH CAROLINA, SOUTH CAROLINA)           | PHPC1    | Y            | N          | Y             | N          |           |            |
| PSYCHEALTH CARE MANAGEMENT LLC                                   | A2797    | Y            | N          | Y             | N          |           |            |
| Puerto Rico Medicare Part A                                      | 12M49    |              |            | Y             | Y*         |           |            |
| Puerto Rico Medicare Part B                                      | SMPR0    | Y            | Y*         |               |            |           |            |
| Quad City Community Healthcare (QCCH)                            | 40437    | Y            | N          |               |            |           |            |
| Qual Choice of Arkansas (formerly payer ID 35174)                | 58379    | Y            | N          | Y             | N          |           |            |
| Qualcare IPA                                                     | QCP01    | Y            | N          | Y             | N          |           |            |
| QualChoice of Arkansas                                           | 35174    | Y            | N          | Y             | N          |           |            |
| Quality Care Partners                                            | 89461    | Y            | N          | Y             | N          |           |            |
| Quartz Administrative Services Organization (ASO)                | 46571    | Y            | N          | Y             | N          |           |            |
| Questcare Medical (USC)                                          | 84562    | Y            | N          |               |            |           |            |
| Quicktrip Corporation                                            | 73067    | Y            | N          | Y             | N          |           |            |
| QVI Risk Solutions Inc.                                          | 57117    | Y            | N          |               |            |           |            |
| Rady Children's Health Network                                   | RCHN1    | Y            | N          |               |            |           |            |
| Railroad Medicare                                                | SRRGA    | Y            | Y*         |               |            |           |            |
| RAVENSWOOD PHYSICIAN ASSOCIATES                                  | RPAWC    | Y            | N          | Y             | N          |           |            |
| RBMS LLC                                                         | 91176    | Y            | N          | Y             | N          |           |            |
| Redirect Health Administration                                   | 86145    | Y            | N          | Y             | N          |           |            |
| Redlands IPA (Synermed)                                          | SYMED    | Y            | N          |               |            |           |            |
| Redlands Yucaipa Medical Group                                   | 18247    | Y            | N          | Y             | N          |           |            |
| Regal Medical Group                                              | 95449    | Y            | N          |               |            |           |            |
| Regal Medical Group                                              | REGAL    | Y            | N          | Y             | N          |           |            |
| REGENCE BCBS UTAH                                                | 00910    | Y            | N          | Y             | N          |           |            |
| Regence Blue Cross Blue Shield of Oregon                         | SB850    | Y            | N          |               |            |           |            |

| Payer Name                                                                                                                                               | Payer ID | Professional |            | Institutional |            | Dental    |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                                          |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Regence Blue Cross Blue Shield of Utah                                                                                                                   | SB910    | Y            | N          |               |            |           |            |
| Regence Blue Shield of Idaho                                                                                                                             | 12B88    |              |            | Y             | N          |           |            |
| Regence Blue Shield of Idaho                                                                                                                             | SB611    | Y            | N          |               |            |           |            |
| Regence Blue Shield of Washington                                                                                                                        | 00932    | Y            | N          | Y             | N          |           |            |
| Regence Blue Shield of Washington                                                                                                                        | 12B90    |              |            | Y             | N          |           |            |
| Regence Blue Shield of Washington                                                                                                                        | SB931    | Y            | N          |               |            |           |            |
| REGENCE BS IDAHO                                                                                                                                         | 00611    | Y            | N          | Y             | N          |           |            |
| Regence Group Administrators                                                                                                                             | RGA01    | Y            | N          | Y             | N          |           |            |
| Regency Employee Benefits                                                                                                                                | 38221    | Y            | N          | Y             | N          | Y         | N          |
| Regional Care Inc.                                                                                                                                       | 47076    | Y            | N          | Y             | N          |           |            |
| Rehn and Associates                                                                                                                                      | REHNA    | Y            | N          |               |            |           |            |
| Rehn and Associates                                                                                                                                      | REHNO    | Y            | N          |               |            |           |            |
| Relation Insurance Services of Florida                                                                                                                   | 59299    | Y            | N          |               |            |           |            |
| Reliance Health Plan                                                                                                                                     | RHP01    | Y            | N          | Y             | N          |           |            |
| Reserve National Insurance (For Claims rejections please contact Reserve national Customer Service at (405)848-7931.)                                    | 73066    | Y            | N          | Y             | N          |           |            |
| Resolve Health Plan Administrators (Authorization number required begins with the number 5 and is 13 characters in length.)                              | 20481    | Y            | N          |               |            |           |            |
| Resurrection Physician Provider Group                                                                                                                    | RPPG1    | Y            | N          | Y             | N          |           |            |
| Revclaims (Provides TPL benefits services for Providers. Providers must be contracted with RevClaims to submit claims. For more info call 601-345-8500.) | RVC01    | Y            | N          | Y             | N          |           |            |
| RHHI Home Health Medicare NHIC                                                                                                                           | 12HHA    |              |            | Y             | Y*         |           |            |
| RHHI Home Health Medicare Region IV (Gulf Coast/Midwest)                                                                                                 | 12M80    |              |            | Y             | Y*         |           |            |
| Rhode Island Medicare                                                                                                                                    | 12M74    |              |            | Y             | Y*         |           |            |
| Rhode Island Medicare                                                                                                                                    | SMRI0    | Y            | Y*         |               |            |           |            |
| Right Care from Scott & White                                                                                                                            | 74205    | Y            | N          | Y             | N          |           |            |
| RightChoice Benefits Administrators                                                                                                                      | 37331    | Y            | N          | Y             | N          |           |            |
| Rios Southwest Medical Group                                                                                                                             | RIOS1    | Y            | N          | Y             | N          |           |            |
| RIVER CITY MEDICAL GROUP                                                                                                                                 | RCMG1    | Y            | N          | Y             | N          |           |            |
| Riverside Health Inc                                                                                                                                     | 45281    | Y            | N          | Y             | N          |           |            |
| RMSCO Inc.                                                                                                                                               | 16117    | Y            | N          | Y             | N          |           |            |
| Rocky Mountain Health Plan Grand Junction                                                                                                                | SX141    | Y            | N          |               |            |           |            |
| Rocky Mountain HMO                                                                                                                                       | RMHMO    | Y            | N          |               |            |           |            |
| Rocky Mountain Pace                                                                                                                                      | 93142    | Y            | N          | Y             | N          |           |            |
| Rocky Mt. HP Grand Junction                                                                                                                              | 84065    |              |            | Y             | N          |           |            |
| RP077 Payer                                                                                                                                              | RP077    |              |            | Y             | N          |           |            |
| RUBICON HEALTH GROUP                                                                                                                                     | IHS18    | Y            | N          | Y             | N          |           |            |
| Rush Prudential Health Plans (HMO Only)                                                                                                                  | 36389    | Y            | N          | Y             | N          |           |            |
| Sagamore Health Network Inc.                                                                                                                             | 35164    | Y            | N          | Y             | N          |           |            |
| Sage Technologies (Formerly CCMSI) (Claims for payer address of Rockford IL ONLY.)                                                                       | 37105    | Y            | N          | Y             | N          |           |            |
| Saint Anthony PHO                                                                                                                                        | STA01    | Y            | N          |               |            |           |            |

| Payer Name                                                                                                                                 | Payer ID | Professional |            | Institutional |            | Dental    |            |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                            |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Samaritan Advantage                                                                                                                        | SAMAD    | Y            | N          |               |            |           |            |
| Samaritan Choice Plan                                                                                                                      | SAMCP    | Y            | N          |               |            |           |            |
| Samaritan Employer Group Plan                                                                                                              | SAM00    | Y            | N          |               |            |           |            |
| Samaritan Health Plans                                                                                                                     | CP001    | Y            | N          | Y             | N          |           |            |
| Samera                                                                                                                                     | U8053    | Y            | N          | Y             | N          | Y         | N          |
| San Bernardino Medical Group                                                                                                               | SBMED    | Y            | N          |               |            |           |            |
| San Diego County Medical Services (CMS)                                                                                                    | MSO11    | Y            | N          | Y             | N          |           |            |
| San Diego County Physician Emergency Services                                                                                              | MSO22    | Y            | N          | Y             | N          |           |            |
| San Diego County Ryan White Primary Care Program                                                                                           | MSO33    | Y            | N          | Y             | N          |           |            |
| San Diego County Sheriffs Department                                                                                                       | MSO55    | Y            | N          | Y             | N          |           |            |
| San Diego PACE                                                                                                                             | 96400    | Y            | N          | Y             | N          |           |            |
| San Francisco Health Plan                                                                                                                  | SFHP1    | Y            | N          | Y             | N          |           |            |
| San Luis Obispo Select IPA                                                                                                                 | 33072    | Y            | N          | Y             | N          |           |            |
| Sana Benefits                                                                                                                              | 50114    | Y            | N          | Y             | N          |           |            |
| Sandhills Center                                                                                                                           | SHC30    | Y            | Y          |               |            |           |            |
| Sanford Health Plan                                                                                                                        | MNSHP    | Y            | N          | Y             | N          |           |            |
| Santa Clara County IPA                                                                                                                     | SCACO    | Y            | N          |               |            |           |            |
| Santa Clara Family Health Plans                                                                                                            | 24077    | Y            | N          | Y             | N          |           |            |
| Santa Clara IPA HMO                                                                                                                        | 10378    | Y            | N          |               |            |           |            |
| SANTA CRUZ MMCC                                                                                                                            | 12K82    |              |            | Y             | N          |           |            |
| Sante Health systems                                                                                                                       | SANTE    | Y            | N          | Y             | N          |           |            |
| Satellite Health Plan Inc (Satellite Health Plan is a MA ESRD C-SNP effective 1 14. First Time submitters please fax a W9 to 650-625-6083) | 45552    | Y            | N          | Y             | N          |           |            |
| Saudi Health Mission                                                                                                                       | SHM01    | Y            | N          | Y             | N          |           |            |
| SC BCBS Companion Health                                                                                                                   | SC922    | Y            | N          |               |            |           |            |
| SC BCBS Planned Administrators                                                                                                             | SC886    | Y            | N          | Y             | N          |           |            |
| SC BCBS State Employee Health Plan                                                                                                         | SC400    | Y            | N          |               |            |           |            |
| SC FEP Blue Cross                                                                                                                          | SC402    | Y            | N          |               |            |           |            |
| Scan CA                                                                                                                                    | SCAN1    | Y            | N          | Y             | N          |           |            |
| SCAN Encounters (Diversified Data Design (DDD))                                                                                            | 99157    | Y            | N          | Y             | N          |           |            |
| Scan Health Plan Arizona                                                                                                                   | 73172    | Y            | N          | Y             | N          |           |            |
| Scan Health Plan Arizona                                                                                                                   | SCAN2    | Y            | N          | Y             | N          |           |            |
| SCHC Total Care                                                                                                                            | 16146    | Y            | N          | Y             | N          |           |            |
| SCHS Alta Global Care Medical Group                                                                                                        | GOBAL    |              |            | Y             | N          |           |            |
| SCHS Alta Global Medical Care Group                                                                                                        | MPM54    | Y            | N          | Y             | N          |           |            |
| Scott & White Health Care                                                                                                                  | 88030    | Y            | N          | Y             | N          |           |            |
| Scripps Health Plan MSO                                                                                                                    | 33099    | Y            | N          | Y             | N          |           |            |
| Scripps Health Plan MSO                                                                                                                    | SHPM1    | Y            | N          | Y             | N          |           |            |
| Scripps Health Plan Services                                                                                                               | SHPS1    | Y            | N          | Y             | N          |           |            |
| Seaside Health Plan (Starting with DOS 9 1 2013)                                                                                           | 46187    | Y            | N          |               |            |           |            |
| Seaview IPA                                                                                                                                | SVIPA    | Y            | N          | Y             | N          |           |            |
| Secure Health of Georgia                                                                                                                   | 28530    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                    | Payer ID | Professional |            | Institutional |            | Dental    |            |
|---------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                               |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Secure Health Plans of GA                                                                                     | 42561    | Y            | N          | Y             | N          |           |            |
| SecureCare Dental                                                                                             | 86057    |              |            |               |            | Y         | N          |
| SecureOne                                                                                                     | 86242    | Y            | N          | Y             | N          |           |            |
| Security Admin Services                                                                                       | 35202    | Y            | N          | Y             | N          |           |            |
| Security Health Plan                                                                                          | 39045    | Y            | N          | Y             | N          |           |            |
| Sedgwick                                                                                                      | TP097    | Y            | N          | Y             | N          |           |            |
| SeeChange HealthPlan                                                                                          | SCHP1    | Y            | N          |               |            |           |            |
| Select Health of South Carolina                                                                               | 23285    | Y            | N          | Y             | N          |           |            |
| SelectCare of OK - Tribute                                                                                    | SCOK1    | Y            | N          |               |            |           |            |
| SelectCare of Texas (HPN) Heritage Physicians Network                                                         | 76045    | Y            | N          | Y             | N          |           |            |
| SelectCare of TX (Beaumont) (Provider ID Required - Contact (713) 843-6780 to obtain ID.)                     | GTPA1    | Y            | N          | Y             | N          |           |            |
| SelectCare of TX (Houston) (Provider ID Required - Contact (713) 843-6780 to obtain ID.)                      | HPN11    | Y            | N          | Y             | N          |           |            |
| SelectCare of TX (Kelsey-Seybold) (Provider ID Required - Contact (713) 843-6780 to obtain ID.)               | KLSY1    | Y            | N          | Y             | N          |           |            |
| SelectHealth (Formerly IHC) (Contact payer at 801-442-5442 before sending claims to verify provider numbers.) | UH107    | Y            | N          |               |            |           |            |
| Self Insured Benefit Administrators                                                                           | 59111    | Y            | N          | Y             | N          |           |            |
| Sendero Health                                                                                                | SCS17    | Y            | N          | Y             | N          |           |            |
| Sendero IdealCare                                                                                             | 11440    | Y            | N          |               |            |           |            |
| Sendero IdealCare                                                                                             | MV440    | Y            | N          |               |            |           |            |
| Sendero IdealCare                                                                                             | UV440    |              |            | Y             | N          |           |            |
| Senior Whole Health                                                                                           | 83035    | Y            | N          | Y             | N          |           |            |
| Senior Whole Health                                                                                           | PE060    |              |            | Y             | N          |           |            |
| Senior Whole Health                                                                                           | SWHNY    | Y            | N          | Y             | N          |           |            |
| Senior Whole Health Massachusetts                                                                             | SWHMA    | Y            | N          | Y             | N          |           |            |
| Sentara Family Plan                                                                                           | 54154    | Y            | N          | Y             | N          |           |            |
| Sentara Mental Health Professional                                                                            | 5415M    | Y            | N          |               |            |           |            |
| Sentinel Management Services                                                                                  | 23249    | Y            | N          | Y             | N          |           |            |
| Sentinel Security Life (837I & 837P)                                                                          | 87020    | Y            | N          | Y             | N          |           |            |
| Seoul Medical Group                                                                                           | AMM07    | Y            | N          |               |            |           |            |
| Sequoia Health IPA                                                                                            | ALG01    | Y            | N          | Y             | N          |           |            |
| Seton CHIP (Provider ID required.)                                                                            | SHPCH    | Y            | N          | Y             | N          |           |            |
| Seton Employee Plan                                                                                           | DD308    |              |            | Y             | N          |           |            |
| Seton Employee Plan                                                                                           | SHEBP    | Y            | N          | Y             | N          |           |            |
| Seton Health Plan Care Program                                                                                | 12T56    |              |            | Y             | N          |           |            |
| Seton Health Plan Care Program                                                                                | SHCAR    |              |            | Y             | N          |           |            |
| Seton Star                                                                                                    | STAR1    | Y            | N          | Y             | N          |           |            |
| Seven Corners                                                                                                 | 25404    | Y            | N          | Y             | N          |           |            |
| SGIC                                                                                                          | 11789    | Y            | N          | Y             | N          |           |            |
| SHARED HEALTH MISSISSIPPI                                                                                     | SHMS1    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                            | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-----------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                       |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Shared Health Mississippi                                             | SHTMS    | Y            | N          | Y             | N          |           |            |
| Sharp Community Medical Group                                         | SCMG1    | Y            | N          |               |            |           |            |
| Sharp Community Medical Group                                         | SCMGP    | Y            | N          |               |            |           |            |
| Sharp Health Plan                                                     | SHP01    | Y            | N          | Y             | N          |           |            |
| Sharp Health Plan                                                     | SHPPN    | Y            | N          | Y             | N          |           |            |
| Sharp Rees-Stealy Med Group                                           | SRS83    | Y            | N          |               |            |           |            |
| Sharp Rees-Stealy Medical Group                                       | SRSMG    | Y            | N          |               |            |           |            |
| Sheakley Unicomp                                                      | 10002    | Y            | N          |               |            |           |            |
| Sieba LTD.                                                            | 03699    | Y            | N          |               |            |           |            |
| Sierra Health and Life (Encounters)                                   | 76342    | Y            | N          | Y             | N          |           |            |
| Sierra Health Services Encounters                                     | 76343    | Y            | N          | Y             | N          |           |            |
| Sierra Medical Group (Customer Service 661-480-2047)                  | SMG01    | Y            | N          |               |            |           |            |
| Silver Cross Managed Care Organization                                | NASCR    | Y            | N          | Y             | N          |           |            |
| Silver Star Pace                                                      | 97691    | Y            | N          | Y             | N          |           |            |
| Simply HealthCare Plans (Effective 12-1-2018 use new payer ID SEMPLY) | 27094    | Y            | N          | Y             | N          |           |            |
| Simply HealthCare Plans (New payer ID SEMPLY effective 12-1-2018)     | SMPLY    | Y            | N          | Y             | N          |           |            |
| Sinclair Health Plan                                                  | 84076    | Y            | N          | Y             | N          |           |            |
| SISCO                                                                 | 44827    | Y            | N          | Y             | N          |           |            |
| SISCO                                                                 | SISCO    | Y            | N          | Y             | N          |           |            |
| Smart Data Solutions                                                  | 25463    | Y            | N          | Y             | N          |           |            |
| Smith Administrators                                                  | 02057    | Y            | N          | Y             | N          |           |            |
| Smith Administrators                                                  | SMITH    | Y            | N          |               |            |           |            |
| Smoky Mountain Center                                                 | 13010    | Y            | Y          | Y             | Y          |           |            |
| SNEDEKER RISK MANAGEMENT                                              | A7637    | Y            | N          | Y             | N          |           |            |
| Solidarity Healthshare                                                | 77721    | Y            | N          | Y             | N          |           |            |
| Solidarity Healthshare                                                | SH777    |              |            | Y             | N          |           |            |
| Solis Health Plans                                                    | 73581    | Y            | N          | Y             | N          |           |            |
| Solis Health Plans                                                    | SOLIS    | Y            | N          | Y             | N          |           |            |
| Somos IPA (Emblem Health)                                             | 81508    | Y            | N          | Y             | N          |           |            |
| SONDER HEALTH PLANS                                                   | A0339    | Y            | N          | Y             | N          |           |            |
| Soundpath Health (Formerly known as Puget Sound Health Partners Inc.) | 42172    | Y            | N          | Y             | N          |           |            |
| South Atlantic Medical Group                                          | SAMG1    | Y            | N          | Y             | N          |           |            |
| South Carolina Solutions                                              | 42406    | Y            | N          |               |            |           |            |
| South County Health Alliance                                          | 81600    | Y            | N          | Y             | N          |           |            |
| South Dakota Chiropractic (Sanford Health Plan)                       | CASD2    | Y            | N          |               |            |           |            |
| South Dakota Medicaid                                                 | 12K36    |              |            | Y             | N          |           |            |
| South Dakota Medicare                                                 | 12M83    |              |            | Y             | Y*         |           |            |
| South Dakota Medicare                                                 | SMSD0    | Y            | Y*         |               |            |           |            |
| South Florida Common Services                                         | 59065    | Y            | N          | Y             | N          |           |            |
| South Florida Musculoskeletal Care                                    | 06294    | Y            | N          | Y             | N          |           |            |
| South Indiana Health Options - HMO                                    | SX142    | Y            | N          |               |            |           |            |
| Southcare Healthcare Preferred                                        | 25147    | Y            | N          | Y             | N          |           |            |



| Payer Name                                                                                                                                              | Payer ID | Professional |            | Institutional |            | Dental    |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                                         |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| SOUTHEAST MICHIGAN PACE                                                                                                                                 | R3460    | Y            | N          | Y             | N          |           |            |
| Southern Cal Physicians Managed Care Services                                                                                                           | SCP01    | Y            | N          |               |            |           |            |
| Southern California Health Care System aka(CHS Alta Pod by Medpoint and SCHS Alto Pod by MedPoint                                                       | MPM20    | Y            | N          | Y             | N          |           |            |
| Southern California Medicare                                                                                                                            | SMCA2    | Y            | Y*         |               |            |           |            |
| SOUTHERN ILLINOIS HEALTHCARE ASSOCIATION                                                                                                                | SIH99    | Y            | N          | Y             | N          |           |            |
| Southland IPA                                                                                                                                           | SIPA1    | Y            | N          |               |            |           |            |
| SOUTHWEST MICHIGAN BEHAVIORAL HEALTH MENTAL HEALTH                                                                                                      | A3268    | Y            | N          | Y             | N          |           |            |
| SOUTHWEST MICHIGAN BEHAVIORAL HEALTH SUBSTANCE USE DISORDER                                                                                             | A4585    | Y            | N          | Y             | N          |           |            |
| Southwest Physicians Group                                                                                                                              | SWPG1    | Y            | N          | Y             | N          |           |            |
| Special Risk International                                                                                                                              | 52190    |              |            | Y             | N          |           |            |
| SPECIALTY CARE PROGRAM                                                                                                                                  | IHS17    | Y            | N          | Y             | N          |           |            |
| Spencer Stuart ARM Ltd.                                                                                                                                 | 38416    | Y            | N          |               |            |           |            |
| Spohn Health                                                                                                                                            | 12T63    |              |            | Y             | N          |           |            |
| St James PHO                                                                                                                                            | 11158    | Y            | N          | Y             | N          |           |            |
| St Joseph Health                                                                                                                                        | IP062    | Y            | N          |               |            |           |            |
| St Mary's IPA                                                                                                                                           | SMIPA    | Y            | N          | Y             | N          |           |            |
| ST MD Behavioral Health                                                                                                                                 | OMDBH    | Y            | N          | Y             | N          |           |            |
| St. Joe High Desert                                                                                                                                     | JOEHD    | Y            | N          |               |            |           |            |
| St. John's Claims Administration                                                                                                                        | 37264    | Y            | N          | Y             | N          |           |            |
| St. Joseph Heritage Healthcare                                                                                                                          | IP106    | Y            | N          |               |            |           |            |
| St. Joseph HUMBOLT County                                                                                                                               | IP059    | Y            | N          |               |            |           |            |
| Staff Benefits Management Administration                                                                                                                | SBMCO    | Y            | N          | Y             | N          |           |            |
| State Farm Homeowners Group Medical Plans (Note that payer requires Insured's ID of 11 or 12 digits and exact structure. Otherwise claims will reject.) | 31053    | Y            | N          | Y             | N          |           |            |
| Stoner & Associates                                                                                                                                     | 31121    | Y            | N          |               |            |           |            |
| Stones River IPA Amerivantage                                                                                                                           | 57492    | Y            | N          |               |            |           |            |
| Stones River Regional IPA - The Physicians ACO                                                                                                          | 28943    | Y            | N          |               |            |           |            |
| Stones River Regional IPA - Windsor                                                                                                                     | 15752    | Y            | N          |               |            |           |            |
| Stones River Regional IPA BCBST                                                                                                                         | 15750    | Y            | N          |               |            |           |            |
| SummaCare Health Plan                                                                                                                                   | 95202    | Y            | N          | Y             | N          |           |            |
| Summit Administration Services Inc.                                                                                                                     | 86083    | Y            | N          |               |            |           |            |
| Summit Community Care                                                                                                                                   | PASSE    | Y            | N          | Y             | N          |           |            |
| Summit Health Plan                                                                                                                                      | 20197    |              |            | Y             | N          |           |            |
| Sunrise Advantage Plan Pennsylvania                                                                                                                     | SPA01    | Y            | N          | Y             | N          |           |            |
| Superior Hlth                                                                                                                                           | 75274    | Y            | N          | Y             | N          |           |            |
| Superior Admin                                                                                                                                          | 23218    | Y            | N          |               |            |           |            |
| Superior Health Centene                                                                                                                                 | SHP11    | Y            | N          | Y             | N          |           |            |
| Superior Insurance Services                                                                                                                             | 97802    | Y            | N          | Y             | N          |           |            |
| Superior Vision Services                                                                                                                                | 13305    | Y            | N          |               |            |           |            |
| Superior Vision Services                                                                                                                                | 41352    | Y            | N          |               |            |           |            |

| Payer Name                                                                                                                                         | Payer ID | Professional |            | Institutional |            | Dental    |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                                                    |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| SURGERY ONE IPA                                                                                                                                    | SOIPA    | Y            | N          |               |            |           |            |
| Sutter Connect - Central Valley Med Group (Claims)                                                                                                 | 77035    | Y            | N          | Y             | N          |           |            |
| Sutter Connect - Delta - Claims                                                                                                                    | IP100    | Y            | N          |               |            |           |            |
| Sutter Connect - SIP SMG SWMG - Encounters only                                                                                                    | HM059    | Y            | N          |               |            |           |            |
| Sutter Connect - Sutter Gould Medical Foundation - Claims                                                                                          | IP091    | Y            | N          | Y             | N          |           |            |
| Sutter Connect East Bay Medical                                                                                                                    | HM065    | Y            | N          |               |            |           |            |
| Sutter Connect Easy Bay Medical Foundation                                                                                                         | 94269    | Y            | N          | Y             | N          |           |            |
| Sutter Connect Sutter Medical Group (SMG SWMG SIP) (Please contact Sutter to get set up to send claims 800-611-5191) Per Provider Testing Required | IP092    | Y            | N          |               |            |           |            |
| Sutter Connect-Palo Alto Medical Foundation                                                                                                        | SC050    | Y            | N          |               |            |           |            |
| Sutter East Bay Regional Hosp-Affinity Claims                                                                                                      | SC052    | Y            | N          |               |            |           |            |
| Sutter Gould Medical Foundation                                                                                                                    | 77302    | Y            | N          | Y             | N          |           |            |
| SUTTER HEALTH AETNA                                                                                                                                | 60624    | Y            | N          | Y             | N          |           |            |
| Sutter Medical Group                                                                                                                               | SC004    | Y            | N          | Y             | N          |           |            |
| Sutter Medical Group of the Redwoods (SMGR) (Please contact Sutter to get setup to send Encounters 800-611-5191)                                   | HM057    | Y            | N          |               |            |           |            |
| Sutter Senior Care                                                                                                                                 | 56621    | Y            | N          |               |            |           |            |
| Sutter Senior Care                                                                                                                                 | SC028    | Y            | N          |               |            |           |            |
| SW Service Administrators                                                                                                                          | 53589    | Y            | N          | Y             | N          |           |            |
| Swedish Covenant                                                                                                                                   | U6411    |              |            | Y             | N          |           |            |
| Swedish Covenant Hospital                                                                                                                          | 36411    | Y            | N          | Y             | N          |           |            |
| TakeCare Insurance Company                                                                                                                         | 98022    | Y            | N          |               |            |           |            |
| Talbert Medical Group                                                                                                                              | TALMG    | Y            | N          |               |            |           |            |
| Tall Tree Administrators                                                                                                                           | 88067    | Y            | N          | Y             | N          | Y         | N          |
| Taylor Benefits                                                                                                                                    | TAYLR    | Y            | N          |               |            |           |            |
| Teachers Health Trust                                                                                                                              | 88019    | Y            | N          |               |            |           |            |
| Teddy Health                                                                                                                                       | TEDDY    | Y            | N          | Y             | N          |           |            |
| Telamon                                                                                                                                            | 22483    | Y            | N          | Y             | N          |           |            |
| Tennessee BlueCare/TennCare                                                                                                                        | SKTN2    | Y            | N          |               |            |           |            |
| Tennessee Medicare                                                                                                                                 | SMTN0    | Y            | Y*         |               |            |           |            |
| TERVIST                                                                                                                                            | IHS08    | Y            | N          | Y             | N          |           |            |
| Tethys Health Ventures                                                                                                                             | 20212    | Y            | N          | Y             | N          |           |            |
| Texas Agricultural Cooperative Trust                                                                                                               | TXABA    | Y            | N          |               |            |           |            |
| Texas Childrens                                                                                                                                    | 75228    | Y            | N          | Y             | N          |           |            |
| Texas Children's Health Plan                                                                                                                       | 76048    | Y            | N          | Y             | N          |           |            |
| Texas First Health Plans                                                                                                                           | TX1ST    | Y            | N          |               |            |           |            |
| TEXAS HEALTH AETNA                                                                                                                                 | 88221    | Y            | N          | Y             | N          |           |            |
| Texas HealthSpring                                                                                                                                 | 33104    |              |            | Y             | N          |           |            |
| Texas HealthSpring                                                                                                                                 | THS01    | Y            | N          | Y             | N          |           |            |
| Texas Independence Health Plan                                                                                                                     | 31403    | Y            | N          |               |            |           |            |
| Texas Medicare                                                                                                                                     | 12M31    |              |            | Y             | Y*         |           |            |
| Texas Medicare                                                                                                                                     | SMTX0    | Y            | Y*         |               |            |           |            |

| Payer Name                                                                                                                | Payer ID | Professional |            | Institutional |            | Dental    |            |
|---------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                           |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| TexasFirst Health Plan                                                                                                    | 13185    | Y            | N          | Y             | N          |           |            |
| The Alliance of Wisconsin (Only for ID Cards showing PO Box 44365 Madison WI 53744 as mailing address)                    | 88461    | Y            | N          | Y             | N          |           |            |
| The Benefit Group                                                                                                         | TBGNE    | Y            | N          | Y             | N          |           |            |
| The Boon Group                                                                                                            | BOONG    | Y            | N          | Y             | N          |           |            |
| The Care Network                                                                                                          | 68423    | Y            | N          | Y             | N          |           |            |
| The City of Amarillo                                                                                                      | COA01    | Y            | N          |               |            |           |            |
| The Colorado Purchase Alliance                                                                                            | TCPA1    | Y            | N          | Y             | N          |           |            |
| The Health Plan (Formerly known as Hometown Health Plan of Ohio.)                                                         | 30757    | Y            | N          |               |            |           |            |
| The Health Plan of West Virginia, Inc                                                                                     | 34150    | Y            | N          | Y             | N          | Y         | N          |
| The Health Plan of West Virginia, Inc                                                                                     | 95677    | Y            | N          | Y             | N          |           |            |
| The Loomis Company (Call Provider Relations at 610-374-4040 ext. 2438 for procedures prior to submitting electronically.) | 23223    | Y            | N          | Y             | N          |           |            |
| The Macaluso Group                                                                                                        | 82694    | Y            | N          | Y             | N          |           |            |
| Thomas Cooper (Provider must be enrolled with SC Blue Shield.)                                                            | SC315    | Y            | N          |               |            |           |            |
| Three Rivers Preferred                                                                                                    | MP340    | Y            | N          |               |            |           |            |
| TLC Advantage in Sioux Falls                                                                                              | TLC01    | Y            | N          | Y             | N          |           |            |
| TLC Benefit Solutions                                                                                                     | TLC79    | Y            | N          |               |            |           |            |
| Today's Health                                                                                                            | WITH1    | Y            | N          | Y             | N          |           |            |
| Today's Option (American Progressive and Pyramid Life)                                                                    | 48055    | Y            | N          | Y             | N          |           |            |
| Together with Childrens Community Health Plan of Wisconsin                                                                | 251CC    | Y            | N          | Y             | N          |           |            |
| Torrance Hospital IPA                                                                                                     | THIPA    | Y            | N          |               |            |           |            |
| Total Care of NY (As of 4-1-18 claims must be submitted with payer ID 16146)                                              | TCARE    | Y            | N          |               |            |           |            |
| Total Plan Concepts                                                                                                       | 80900    | Y            | N          | Y             | N          |           |            |
| Total Senior Care                                                                                                         | 12268    | Y            | N          | Y             | N          |           |            |
| Touchpoint Solutions CRM                                                                                                  | TPS01    | Y            | N          |               |            |           |            |
| Touchstone Health PSO                                                                                                     | 23856    | Y            | N          | Y             | N          |           |            |
| Touchstone Health/Health Net Smart                                                                                        | 13402    | Y            | N          |               |            |           |            |
| TR Paul Inc.                                                                                                              | 37230    | Y            | N          | Y             | N          |           |            |
| Transamerica Financial Life Insurance Company                                                                             | TLINS    |              |            | Y             | N          |           |            |
| Transamerica Premier Life Insurance Company                                                                               | TRCLF    |              |            | Y             | N          |           |            |
| Transwestern Insurance Administrators Inc.                                                                                | TRAN1    | Y            | N          |               |            |           |            |
| Travis County Hospital Dist                                                                                               | TCHD1    |              |            | Y             | N          |           |            |
| Travis County MAP                                                                                                         | UCMAP    |              |            | Y             | N          |           |            |
| Travis County MAP - Mediview                                                                                              | TCMAP    | Y            | N          |               |            |           |            |
| TRI WEST REGION 4 CCN                                                                                                     | TWVA4    | Y            | Y          | Y             | Y          |           |            |
| Triad Healthcare Inc                                                                                                      | 39181    | Y            | N          |               |            |           |            |
| Tribute Health Plan (Formerly Central Benefits National.)                                                                 | 31118    | Y            | N          |               |            |           |            |
| Tribute Healthcare                                                                                                        | 61184    | Y            | N          | Y             | N          | Y         | N          |
| Tricare - South                                                                                                           | 61125    | Y            | Y          |               |            |           |            |
| Tricare East (effective 01-01-2018)                                                                                       | TREST    | Y            | Y          | Y             | Y          |           |            |
| TRICARE East Region                                                                                                       | 68299    | Y            | Y          | Y             | Y          |           |            |

| Payer Name                                                                                                      | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-----------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                 |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| TRICARE For Life                                                                                                | 12X43    |              |            | Y             | Y          |           |            |
| TRICARE For Life                                                                                                | SX176    | Y            | Y          |               |            |           |            |
| Tricare for Life (All Regions 1-12)                                                                             | TDDIR    | Y            | Y          | Y             | Y          |           |            |
| TRICARE West (UnitedHealthcare Military & Veterans) to use for claims w DOS on after 4 1 13) (formerly TriWest) | 99726    | Y            | Y          | Y             | Y          |           |            |
| TRICARE West Region                                                                                             | 12C01    |              |            | Y             | Y          |           |            |
| TRICARE West Region                                                                                             | SCWI0    | Y            | Y          |               |            |           |            |
| TriHealth Physician Solutions                                                                                   | 31144    | Y            | N          | Y             | N          |           |            |
| Trilogy Health Solutions Inc.                                                                                   | 62777    | Y            | N          | Y             | N          |           |            |
| Trilogy Health Solutions Inc.- Everpointe                                                                       | 32052    | Y            | N          | Y             | N          |           |            |
| Trinity Health Pace                                                                                             | TRNPC    | Y            | N          | Y             | N          |           |            |
| Triple S                                                                                                        | 97300    | Y            | N          |               |            |           |            |
| Triplefin LLC                                                                                                   | 64300    | Y            | N          | Y             | N          |           |            |
| Triple-S Advantage                                                                                              | 973MA    | Y            | N          |               |            |           |            |
| Triple-S Salud                                                                                                  | SB980    | Y            | N          |               |            |           |            |
| TRISTAR Benefit Administrators                                                                                  | 42137    | Y            | N          | Y             | N          | Y         |            |
| Tri-Valley Medical Group                                                                                        | 20538    | Y            | N          | Y             | N          |           |            |
| TriWest Healthcare Alliance                                                                                     | TWCCN    | Y            | Y          | Y             | Y          |           |            |
| TriWest Region 5 CCN                                                                                            | TWVA5    |              |            | Y             | Y          |           |            |
| TriWest Region 6 CCN                                                                                            | TWVA6    |              |            | Y             | Y          |           |            |
| TRU BLUE TPA                                                                                                    | 83413    | Y            | N          | Y             | N          |           |            |
| True Blue / Blue Cross of Idaho                                                                                 | 12B84    |              |            | Y             | N          |           |            |
| True Choice Christus HP                                                                                         | TCUCH    |              |            | Y             | N          |           |            |
| True Health New Mexico                                                                                          | 82288    | Y            | N          | Y             | N          |           |            |
| True Health New Mexico FEHBP                                                                                    | 85824    | Y            | N          | Y             | N          |           |            |
| TRULI FOR HEALTH                                                                                                | TRULI    | Y            | N          | Y             | N          |           |            |
| Trustmark Benefits                                                                                              | 61425    | Y            | N          | Y             | N          | Y         | N          |
| Tuality Health                                                                                                  | THA01    | Y            | N          |               |            |           |            |
| Tuality Health Select                                                                                           | THASC    | Y            | N          |               |            |           |            |
| Tufts Associated Health                                                                                         | 04298    | Y            | N          | Y             | N          |           |            |
| Tufts HP                                                                                                        | 04295    |              |            | Y             | N          |           |            |
| UC Davis Health Systems                                                                                         | UCDMG    | Y            | N          | Y             | N          |           |            |
| UCare Individual & Family Plans                                                                                 | 55413    | Y            | N          | Y             | N          |           |            |
| UCare Plans                                                                                                     | 12X50    |              |            | Y             | N          |           |            |
| UC-Davis Health                                                                                                 | 94603    | Y            | N          | Y             | N          |           |            |
| UCHealth Plan Administrators                                                                                    | 89789    |              |            | Y             | N          |           |            |
| UCHealth Plan Administrators (As of 8 1 14 CSMED UMA & Phycor combined)                                         | 84132    | Y            | N          | Y             | N          |           |            |
| UCLA Medical Group                                                                                              | USMBP    | Y            | N          |               |            |           |            |
| UCS (Electrical Workers Insurance Fund Local 5800)                                                              | 93235    | Y            | N          | Y             | N          |           |            |
| UHA Health Insurance                                                                                            | UHA01    | Y            | N          | Y             | N          |           |            |
| UHC HEARING                                                                                                     | 91770    | Y            | N          |               |            |           |            |
| Ultimate Health Plan                                                                                            | 77022    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                                                                            | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-----------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                       |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| UMASS Medical School Health and Criminal Justice Program                                                              | UMHCJ    | Y            | N          |               |            |           |            |
| UMC Health System                                                                                                     | 75130    | Y            | N          | Y             | N          | Y         | N          |
| Umpqua Health Alliance                                                                                                | 77502    | Y            | N          | Y             | N          |           |            |
| Umpqua Health Alliance                                                                                                | 77503    | Y            | N          | Y             | N          |           |            |
| UMR (formerly UMR Wausau) former payer ids 31107 33108 74223 75196 75243)                                             | 39026    | Y            | N          | Y             | N          |           |            |
| UMR Midwest                                                                                                           | 79480    | Y            | N          | Y             | N          |           |            |
| UMWA Health & Retirement Funds                                                                                        | 52180    | Y            | N          | Y             | N          |           |            |
| Unified Group Services                                                                                                | 35198    | Y            | N          | Y             | N          | Y         | N          |
| Unified Health Services                                                                                               | 62170    | Y            | N          | Y             | N          |           |            |
| Unified Physicians Network (For Claims rejections please contact Unified Physicians claim department at 847-763-1700) | 34638    | Y            | N          | Y             | N          |           |            |
| Uniformed Service Family Health Plan                                                                                  | 13407    | Y            | N          | Y             | N          |           |            |
| Unite Health Share Ministries                                                                                         | 83173    | Y            | N          | Y             | N          |           |            |
| Unite Here                                                                                                            | UNITE    | Y            | N          | Y             | N          |           |            |
| United Agriculture Benefit Trust                                                                                      | UABT1    | Y            | N          |               |            |           |            |
| United Agriculture Benefit Trust                                                                                      | UAGBT    | Y            | N          |               |            |           |            |
| United Care Medical Group                                                                                             | ADCUC    | Y            | N          |               |            |           |            |
| UNITED CLAIM SOLUTIONS                                                                                                | 20090    | Y            | N          | Y             | N          |           |            |
| United Claims Solutions Insight                                                                                       | 96436    | Y            | N          | Y             | N          |           |            |
| United Concordia Companies Inc                                                                                        | 89070    |              |            |               |            | Y         | N          |
| United Concordia Dental Plus                                                                                          | CX013    |              |            |               |            | Y         | N          |
| United Concordia Tricare Dental Plan                                                                                  | UCCTR    |              |            |               |            | Y         | N          |
| United Food & Commercial Workers UFCW Local 1529                                                                      | 21850    | Y            | N          |               |            |           |            |
| UNITED HEALTHCARE                                                                                                     | 87726    | Y            | N          | Y             | N          |           |            |
| United Medical Resour                                                                                                 | 31107    | Y            | N          | Y             | N          |           |            |
| UnitedHealthcare StudentResources                                                                                     | 74227    | Y            | N          | Y             | N          |           |            |
| UnitedHealthcare UnitedHealthcare West (UnitedHealthcare of CA OK OR TX WA and PacifiCare of AZ CO NV)                | 95959    | Y            | N          | Y             | N          |           |            |
| UnitedHealthcare Community Plan KS - KanCare                                                                          | 96385    | Y            | N          | Y             | N          |           |            |
| UnitedHealthcare Community Plan MI (formerly Great Lakes Health Plan)                                                 | 95467    | Y            | N          | Y             | N          |           |            |
| UnitedHealthcare Community Plan TN (formerly AmeriChoice TN TennCare Secure Plus Complete)                            | 95378    | Y            | N          | Y             | N          |           |            |
| UnitedHealthcare Community Plan Missouri                                                                              | 86050    | Y            | N          | Y             | N          |           |            |
| UnitedHealthcare Ohio Medicaid Vision                                                                                 | 8357V    | Y            | N          |               |            |           |            |
| UnitedHealthcare Vision                                                                                               | 00773    | Y            | N          |               |            |           |            |
| UnitedHealthcare West Encounters (formerly PacifiCare)                                                                | 95958    | Y            | N          | Y             | N          |           |            |
| Unity Health Insurance                                                                                                | 66705    | Y            | N          | Y             | N          |           |            |
| UNITY HEALTH PARTNERS                                                                                                 | A1152    | Y            | N          | Y             | N          |           |            |
| Univera                                                                                                               | SX086    | Y            | N          |               |            |           |            |
| Univera HC SSA WNY                                                                                                    | 12X19    |              |            | Y             | N          |           |            |
| Univera Health Care Plan ChoiceCare Buffalo                                                                           | SX087    | Y            | Y          |               |            |           |            |

| Payer Name                                                          | Payer ID | Professional |            | Institutional |            | Dental    |            |
|---------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                     |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Univera Healthcare - CNY                                            | HC001    | Y            | N          |               |            |           |            |
| Univera Healthcare (SSA)                                            | SX091    | Y            | N          | Y             | N          |           |            |
| Univera Healthcare CNY                                              | 12X17    |              |            | Y             | N          |           |            |
| Univera Healthcare WNY                                              | 12X18    |              |            | Y             | N          |           |            |
| Univera Traditional PPO                                             | UNINW    | Y            | N          | Y             | N          |           |            |
| University Family Care                                              | 09830    | Y            | N          | Y             | N          |           |            |
| University Family Care - Healthcare Group                           | 07503    | Y            | N          | Y             | N          |           |            |
| University Family Care - Maricopa Health Plan                       | 09908    | Y            | N          | Y             | N          |           |            |
| University Health Alliance                                          | 99026    | Y            | Y          |               |            |           |            |
| University Health Care Advantage                                    | 4640L    |              |            | Y             | N          |           |            |
| University Healthcare Marketplace                                   | 45437    | Y            | N          | Y             | N          |           |            |
| University Medical Center                                           | 11149    | Y            | N          | Y             | N          |           |            |
| University of Illinois                                              | UIC67    | Y            | N          | Y             | N          |           |            |
| CHILDREN                                                            | 37601    | Y            | N          |               |            |           |            |
| University of Maryland Health Advantage                             | 45282    | Y            | N          | Y             | N          |           |            |
| University of Utah Health Plans                                     | SX155    | Y            | N          | Y             | N          | Y         | N          |
| Upland Medical Group (Customer Service Phone number (909) 291-4400) | IP056    | Y            | N          |               |            |           |            |
| UPMC Health Plan                                                    | 23281    | Y            | N          | Y             | N          |           |            |
| Upper Peninsula Health Group TPA                                    | 37324    | Y            | N          | Y             | N          |           |            |
| Upper Peninsula Health Plan                                         | 38337    | Y            | N          | Y             | N          |           |            |
| Upper Peninsula Health Plan                                         | 42373    | Y            | N          | Y             | N          |           |            |
| US Benefits                                                         | 93092    | Y            | N          | Y             | N          | Y         | N          |
| US Department Of Labor (837I & 837P)                                | 77044    | Y            | N          | Y             | N          |           |            |
| US Family Health Plan (USFHP)                                       | USFHP    | Y            | N          | Y             | N          |           |            |
| US Network and Administrative Services                              | USN01    | Y            | N          | Y             | N          | Y         | N          |
| USAA                                                                | 74095    | Y            | N          | Y             | N          |           |            |
| USAA                                                                | 74147    |              |            | Y             | N          |           |            |
| USC HEALTH SERVICES                                                 | 9047P    | Y            | N          |               |            |           |            |
| UST Healthproof                                                     | 83245    | Y            | N          | Y             | N          |           |            |
| Utah Medicare                                                       | 12M84    |              |            | Y             | Y*         |           |            |
| Utah Medicare                                                       | SMUT0    | Y            | Y*         |               |            |           |            |
| Utica NY FEP (Federal Employee Program) Blue Shield                 | N4FEP    | Y            | N          |               |            |           |            |
| VA Affairs Financial Services                                       | VAFSC    |              |            | Y             | N          |           |            |
| VA Patient CCC Reg. 3                                               | 55912    | Y            | Y          | Y             | N          |           |            |
| VA Patient Centered Community Care Program (VAPCCC) Region 3        | VAP33    | Y            | Y          |               |            |           |            |
| VA Patient Centered Community Care Region 6                         | VAPC6    | Y            | Y          |               |            |           |            |
| VA Patient-Centered Community Care Program (VAPCCC) Region 5A       | VAPC3    | Y            | N          | Y             | Y          |           |            |
| VACCN Community network                                             | VAPM1    | Y            | N          | Y             | N          |           |            |
| VACCN Community network                                             | VACCN    | Y            | N          | Y             | N          | Y         | N          |
| VACCN Community network                                             | VACM1    | Y            | N          | Y             | N          |           |            |
| Valir PACE                                                          | 64009    | Y            | N          |               |            |           |            |
| Valley Care IPA (Customer Service 805-604-3332)                     | VCIPA    | Y            | N          |               |            |           |            |

| Payer Name                                                                                                                  | Payer ID | Professional |            | Institutional |            | Dental    |            |
|-----------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                                                             |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Valley Health Administrators                                                                                                | VHA11    | Y            | N          |               |            |           |            |
| Valley Health Plan                                                                                                          | VHP01    | Y            | N          | Y             | N          |           |            |
| Valley Health Plan Medi-cal                                                                                                 | VHP02    | Y            | Y          | Y             | Y          |           |            |
| Valley Mental Health                                                                                                        | 94293    | Y            | N          |               |            |           |            |
| Valley Presbyterian Hospital                                                                                                | MPM53    | Y            | N          | Y             | N          |           |            |
| Valley Presbyterian Hospital Community Family Care                                                                          | MPM61    | Y            | N          | Y             | N          |           |            |
| Valley Presbyterian Hospital Preferred IPA                                                                                  | MPM60    | Y            | N          | Y             | N          |           |            |
| Value Options Maryland                                                                                                      | 00823    | Y            | Y          |               |            |           |            |
| Value Options Texas Northstar                                                                                               | 00818    | Y            | Y          |               |            |           |            |
| ValueOptions MBHP (For claim rejections please contact e-SupportServices valueoptions.com or 888-247-9311)                  | 43307    | Y            | N          | Y             | N          |           |            |
| Vanderbilt Health                                                                                                           | BPSLL    | Y            | N          |               |            |           |            |
| VANTAGE HEALTH PLAN                                                                                                         | 77701    | Y            | N          | Y             | N          |           |            |
| Vantage Health Plan Inc.                                                                                                    | 72128    | Y            | N          | Y             | N          |           |            |
| VAPCCC Region 5B                                                                                                            | 55916    | Y            | Y          | Y             | Y          |           |            |
| Varipro                                                                                                                     | 72187    | Y            | N          | Y             | N          |           |            |
| Vaya Health                                                                                                                 | VAYAH    | Y            | Y          | Y             | Y          |           |            |
| Ventura County Healthcare Plan                                                                                              | VCHCP    | Y            | N          | Y             | N          |           |            |
| Verity                                                                                                                      | VMMH1    | Y            | N          |               |            |           |            |
| Verity National Group                                                                                                       | 75256    | Y            | N          | Y             | N          |           |            |
| Verity Plus                                                                                                                 | VMMH2    | Y            | N          |               |            |           |            |
| Vermont Medicare                                                                                                            | SMVT0    | Y            | Y*         |               |            |           |            |
| VestaCare RH Admin                                                                                                          | VESTA    | Y            | N          | Y             | N          |           |            |
| Veterans Family Members Program                                                                                             | 84146    | Y            | N          | Y             | N          |           |            |
| Vibra Health Plan                                                                                                           | 15976    | Y            | N          | Y             | N          |           |            |
| Vida Care (Now known as Amida Care.)                                                                                        | 24818    | Y            | N          | Y             | N          |           |            |
| VieCare Life Armstrong                                                                                                      | 25922    | Y            | N          | Y             | N          |           |            |
| Viginia Preferred Gold                                                                                                      | 251VA    | Y            | N          | Y             | N          |           |            |
| VillageCareMAX                                                                                                              | 26545    | Y            | N          | Y             | N          |           |            |
| Virgin Islands Medicare                                                                                                     | SMVI0    | Y            | Y*         |               |            |           |            |
| Virgin Islands Medicare Part A                                                                                              | 12M52    |              |            | Y             | Y*         |           |            |
| Virginia Coordinated Care                                                                                                   | 84806    | Y            | N          |               |            |           |            |
| Virginia Medicare                                                                                                           | SMVA0    | Y            | Y*         |               |            |           |            |
| Virginia Premier Health Plans (Effective 02-01-2019 former payer IDs VPEP1 54176 VPELT VPCCP VPHP1 VPCCI MAPDI 12K83 MAPDP) | VAPRM    | Y            | N          | Y             | N          |           |            |
| Vista Oncology New Century Infusion Solutions                                                                               | NCH08    | Y            | N          |               |            |           |            |
| Viva Health Plan                                                                                                            | 63114    | Y            | N          | Y             | N          |           |            |
| Vivida Health Plan                                                                                                          | 45488    | Y            | N          | Y             | N          |           |            |
| Vivida Health Plan                                                                                                          | A0102    | Y            | N          | Y             | N          |           |            |
| VNA Homecare Options                                                                                                        | 31626    | Y            | N          | Y             | N          |           |            |
| Volusia Health Network                                                                                                      | PV108    | Y            | N          |               |            |           |            |
| Wabash Memorial Hospital Association                                                                                        | 85256    | Y            | N          | Y             | N          |           |            |

| Payer Name                                                       | Payer ID | Professional |            | Institutional |            | Dental    |            |
|------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                  |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Washington County Health and Human Services                      | WCHHS    | Y            | N          |               |            |           |            |
| Washington Labor and Industry Workers Compensation               | SX063    | Y            | Y          |               |            |           |            |
| Washington Medicare                                              | SMWA0    | Y            | Y*         |               |            |           |            |
| Washington State Labor and Industry                              | WALAI    | Y            | Y          |               |            |           |            |
| Washington State Premera Blue Cross                              | WABLC    | Y            | N          |               |            |           |            |
| Waterstone Benefit Administrators                                | 73155    | Y            | N          | Y             | N          |           |            |
| Watts Healthcare Corp IPA                                        | MPM09    | Y            | N          |               |            |           |            |
| Weiss Health Providers                                           | 36337    | Y            | N          | Y             | N          |           |            |
| Weiss Health Providers                                           | 3633W    |              |            | Y             | N          |           |            |
| WELBEHEALTH                                                      | WBHCA    | Y            | N          | Y             | N          |           |            |
| Wellcare                                                         | 26141    | Y            | N          | Y             | N          |           |            |
| Wellcare Choice I                                                | M3FL4    |              |            | Y             | N          |           |            |
| Wellcare Health Plan Inc. (Encounters only)                      | 59354    | Y            | N          | Y             | N          |           |            |
| Wellcare HMO Inc.                                                | 14163    | Y            | N          | Y             | N          |           |            |
| Wellcare of CT                                                   | 14164    | Y            | N          | Y             | N          |           |            |
| WELLMARK BCBS (IOWA, SOUTH DAKOTA)                               | 88848    | Y            | N          | Y             | N          |           |            |
| Wellmark Blue Cross and Blue Shield of Iowa (IASD)               | 12B1B    |              |            | Y             | N          |           |            |
| Wellmark Blue Cross and Blue Shield of Iowa (IASD)               | SB640    | Y            | N          |               |            |           |            |
| Wellmark Blue Cross and Blue Shield of Iowa (IASD)               | SB641    | Y            | N          |               |            |           |            |
| WellMed (837P & 837I)                                            | TH023    | Y            | N          |               |            |           |            |
| WellMed (Claims)                                                 | WELM2    | Y            | N          | Y             | N          |           |            |
| WellMed (Encounters)                                             | WELMD    | Y            | N          | Y             | N          |           |            |
| WELLNET HEALTH PLANS                                             | 25711    | Y            | N          | Y             | N          |           |            |
| Wells Fargo TPA (Part A and Part B)                              | 00214    | Y            | N          | Y             | N          |           |            |
| Wellspace Nexus                                                  | NEXUS    |              |            | Y             | N          |           |            |
| WELLSPAN EMPLOYEE ASSISTANCE PROGRAM                             | CB457    | Y            | N          |               |            |           |            |
| WELLSPAN PLUS                                                    | 23266    | Y            | N          | Y             | N          |           |            |
| West Suburban Health Providers                                   | 80942    | Y            | N          | Y             | N          |           |            |
| West Virginia Family Health Plan                                 | 45276    | Y            | N          |               |            |           |            |
| West Virginia Freedom Blue Medicare Advantage                    | 95461    | Y            | N          |               |            |           |            |
| West Virginia Medicare                                           | SMWV0    | Y            | Y*         |               |            |           |            |
| West Virginia Senior Choice                                      | WVS01    | Y            | N          | Y             | N          |           |            |
| WESTERN GROWERS ASSURANCE TRUST (aka Pinnacle Claims Management) | 24735    | Y            | N          | Y             | N          | Y         | N          |
| Western Health Advantage                                         | 68039    | Y            | N          | Y             | N          |           |            |
| Western Health Advantage                                         | 77225    | Y            | N          | Y             | N          |           |            |
| Western Mutual Insurance                                         | 37247    | Y            | N          | Y             | N          |           |            |
| Western Oregon Advanced Health                                   | DOCSO    | Y            | N          |               |            |           |            |
| Western Oregon Advanced Health                                   | WOAHM    | Y            | N          |               |            |           |            |
| Western Pennsylvania Electrical Employees Insurance Trust Fund   | 23287    | Y            | N          | Y             | N          |           |            |
| Western Pennsylvania Electrical Employees Insurance Trust Fund   | RP083    | Y            | N          | Y             | N          | Y         | N          |
| WestLake Financial Group Inc.                                    | 90560    | Y            | N          | Y             | N          |           |            |



| Payer Name                                                                         | Payer ID | Professional |            | Institutional |            | Dental    |            |
|------------------------------------------------------------------------------------|----------|--------------|------------|---------------|------------|-----------|------------|
|                                                                                    |          | Available    | Enrollment | Available     | Enrollment | Available | Enrollment |
| Weyco Inc.                                                                         | 38232    | Y            | N          |               |            |           |            |
| WHO PHO                                                                            | WASH1    |              |            | Y             | N          |           |            |
| WI Medicare Part A & FQHC (J6)                                                     | 12M29    |              |            | Y             | Y*         |           |            |
| Willamette Valley Community Health CCO (Formerly known as Marion Polk Health Plan) | MPCHP    | Y            | N          |               |            |           |            |
| William C Earhart                                                                  | 93050    | Y            | N          | Y             | N          | Y         | N          |
| Willow Health                                                                      | WHLTH    | Y            | N          | Y             | N          |           |            |
| Wilson McShane                                                                     | 41095    | Y            | N          | Y             | N          |           |            |
| WIN Healthcare (Woman's Integrated Network Inc.)                                   | 13413    | Y            | N          |               |            |           |            |
| Wisconsin Dept of Corrections                                                      | VEST1    | Y            | N          |               |            |           |            |
| Wisconsin Medicare                                                                 | SMWI0    | Y            | Y*         |               |            |           |            |
| Worksite Benefit Services                                                          | 20333    | Y            | N          | Y             | N          |           |            |
| -World Trade                                                                       | 58605    | Y            | N          | Y             | N          |           |            |
| WPP Eldercare Wisconsin                                                            | 77080    | Y            | N          | Y             | N          |           |            |
| WPPA-ProviDRs Care Network                                                         | WP481    | Y            | N          |               |            |           |            |
| WPS OptumHealth only                                                               | 95930    | Y            | N          | Y             | N          |           |            |
| WPS Commercial                                                                     | OOWPS    | Y            | Y          |               |            |           |            |
| WPS Commercial/Regular Business                                                    | SX022    | Y            | N          |               |            |           |            |
| Wyoming Medicare                                                                   | 12M30    |              |            | Y             | Y*         |           |            |
| Wyoming Medicare                                                                   | SMWY0    | Y            | Y*         |               |            |           |            |
| Wyoming School Boards Association Insurance Trust                                  | WYSCH    | Y            | N          |               |            |           |            |
| Yale Health Plan                                                                   | 60646    | Y            | N          | Y             | N          |           |            |
| Yam Hill CCO-PHTech                                                                | YAMHL    | Y            | N          | Y             | N          |           |            |
| Yerington Paiute Tribe                                                             | 51350    | Y            | N          | Y             | N          |           |            |
| YUZU HEALTH                                                                        | IHS15    | Y            | N          | Y             | N          |           |            |
| Zebra Health HC                                                                    | 88858    | Y            | N          | Y             | N          |           |            |
| Zenith American Solutions                                                          | 89677    | Y            | N          | Y             | N          |           |            |
| Zing Health                                                                        | 83248    | Y            | N          | Y             | N          |           |            |
| ZoomCare                                                                           | ZOOM1    | Y            | N          |               |            |           |            |
| Zurich Insurance                                                                   | 16535    | Y            | N          | Y             | N          |           |            |