



Employers
Health
Network

ABC COMPANY

PROVIDER QUICK REFERENCE GUIDE

Thank you for being an EHN participating provider! It's our mission for employers to choose the right medical plan for themselves and their families. We recognize the critical role you play in providing our members with high quality care and service. Our goal is to provide members with the best healthcare solution through a transparent infrastructure.

CLAIMS, ELIGIBILITY, OR PRECERTIFICATION

Website: www.xxxxxx.com

Address: xxxxxxxx
xxxxxxx
xxxxxxx

Phone: xxx.xxx.xxxx

Payor ID: xxxxxx

- Verify member eligibility
- Obtain claim payment status
- Verify provider network status
- Request pre-certification

PROVIDER PARTICIPATION

E-mail: providers@ehnllc.com

All questions or concerns regarding
provider related issues

CREDENTIALING QUESTIONS

E-mail: credentialing@ehnllc.com

All questions or concerns regarding
provider credentialing

ROSTER UPDATES


E-mail: rosters@ehnllc.com

Submit full rosters, additions, changes,
and terminations

How to Contact Employers Health Network

 469.825.4825

 providers@ehnllc.com

 www.ehnllc.com



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Member

Group #:
Member:
Member ID:

Deductible \$2,000 Indv / \$4,000 Fam
OOP Max \$4,750 Indv / \$9,500 Fam
Copays Office Visit PCP \$25 / Specialist \$65 /
Urgent Care \$50 / ER \$250

Exclusive Network

Employers Health Network
Provider Information:
members.ehnconnects.com
353-758-3344
Within Lake, Orange, Osceola, Seminole and
Volusia counties. No out of network coverage
inside these counties except as required by
PPACA



Expanded Network

Provider Info:

All Claims Submission

EDI: Payer ID IIIG07
Mail: Employers Health Network
P.O. Box 507
Arnold, MD 21012

◀ EHN

Hospital & Facility Services

Providers are reimbursed pursuant to the terms of the Plan Document up to the Reasonable and Allowable Amount (subject to the reference pricing). Only physician (and ancillary if applicable) services may be subject to a PPO Network. The Plan will only consider an Assignment of Benefits (AOB) valid under the condition that the Provider accepts the payment received from the Plan as consideration in full for the services, supplies, and/or treatment rendered, less any required deductibles/copays/coinsurance. Assignment of Benefits (AOB) is a waiver of the Provider's right to balance bill the patient. Providers depositing checks received from the Plan represents accord and satisfaction. Please see the Plan Document or contact the Concierge Advice Team.

Customer Service

This card does not guarantee coverage. For assistance with eligibility, benefits, claim questions, or locating a provider, contact:

Other Services

Member Requirements

PRE-CERTIFICATION IS REQUIRED
Notification must be made prior to any inpatient admission (Emergency admission within 48 hours) and for other services as listed in your plan document. Failure to obtain a pre-certification will result in no benefits.

Pharmacy Plan

RXBIN:
RXPCN:
RXGRP:

Retail: Generic \$15 / Preferred \$100 / Brand \$175
Mail Order: Generic \$37.50 / Preferred \$250 / Brand \$437.50

Insurance
Customer Service ▶

◀ Prescription
Customer Service