


**Carrier/TPA - First Health Network Sample ID Cards**

The following are suggested layouts for client ID cards based on the various client pricing and claim filing options available to clients.

- 1) **Direct EDI In & Out** - Claims are filed to First Health electronically through the client's electronic Payor ID. Client's ID card should indicate the Electronic Payor ID to be used with Claims Submissions. ***Claims should be filed using client's Payor ID.***

***Front of ID Card***


 <b><u>EMPLOYERS Logo</u></b>  MEMBER NUMBER (SSN) EFFECTIVE DATE GROUP NUMBER  INSURED NAME: John A. Doe PPO OFFICE CO-PAYMENT: \$10  MEDICAL COVERAGE Emergency Room: \$50.00 Family
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***Back of ID Card***

Call: 1-800-226-5116 for assistance locating a First Health provider or visit the website at <a href="http://www.myfirsthealth.com">www.myfirsthealth.com</a>  Call: 1-800-(CARRIER/TPA) for questions on eligibility/benefits or claims  This card does not guarantee coverage. This policy provides automatic assignment of benefits to the provider.  Electronic (EDI) Claims should be sent to: Client's Payor ID:  Paper claims with itemized bills including diagnosis, should be mailed to: <a href="#">Client's address</a>
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- 2) **Emdeon EDI In** – Claims are filed to First Health electronically through Emdeon via Payor ID 73159 or 33005. 33005 is being phased out during 2007, so 73159 should be used and published. Client's ID cards should indicate Payor ID 73159. Claims are returned to client electronically (when client can accept) or dropped to paper, if client can not accept electronically. ***Claims should be filed using Payor ID 73159.***

***Front of ID Card***


 <b><u>EMPLOYERS Logo</u></b>  MEMBER NUMBER (SSN) EFFECTIVE DATE GROUP NUMBER  INSURED NAME: John A. Doe PPO OFFICE CO-PAYMENT: \$10  MEDICAL COVERAGE Emergency Room: \$50.00 Family
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***Back of ID Card***

Call: 1-800-226-5116 for assistance locating a First Health provider or visit the website at <a href="http://www.myfirsthealth.com">www.myfirsthealth.com</a>  Call: 1-800-(CARRIER/TPA) for questions on eligibility/benefits or claims  This card does not guarantee coverage. This policy provides automatic assignment of benefits to the provider.  Electronic (EDI) Claims should be sent to: First Health's Payor ID: 73159  Paper claims with itemized bills including diagnosis, should be mailed to: <a href="#">FH – Tampa or Scottsdale</a>
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- 3) **Web Remote Repricing** – Claims are filed to the client and the client prices the claims using First Health's MCPS pricing system. These claims are not sent to First Health. Client's ID cards will indicate the client's address for claim filing purposes. ***These claims should not be filed with First Health. Always check patient's ID card for claim filing instructions.***

**Front of ID Card**

 **First Health Network**  
EMPLOYERS Logo

MEMBER NUMBER (SSN)  
 EFFECTIVE DATE  
 GROUP NUMBER

INSURED NAME: John A. Doe  
 PPO OFFICE CO-PAYMENT: \$10

MEDICAL COVERAGE  
 Emergency Room: \$50.00  
 Family

**Back of ID Card**

Call: 1-800-226-5116 for assistance locating a First Health provider or visit the website at [www.myfirsthealth.com](http://www.myfirsthealth.com)

Call: 1-800-(CARRIER/TPA) for questions on eligibility/benefits or claims


This card does not guarantee coverage. This policy provides automatic assignment of benefits to the provider.

Electronic (EDI) Claims should be sent to:  
 Client's Payor ID:

Paper claims with itemized bills including diagnosis, should be mailed to:  
[Client's address](#)

- 4) **Client Prices Physician Claims** (Leased Clients) Physician claims are filed to the client and the client prices the claims using First Health provider data that has been loaded into the client's systems. These claims are not sent to First Health. Client's ID cards will indicate the client's address for claim filing purposes. ***These claims should not be filed with First Health. Always check patient's ID card for claim filing instructions.***

**Front of ID Card**

 **First Health Network**  
EMPLOYERS Logo

MEMBER NUMBER (SSN)  
 EFFECTIVE DATE  
 GROUP NUMBER

INSURED NAME: John A. Doe  
 PPO OFFICE CO-PAYMENT: \$10

MEDICAL COVERAGE  
 Emergency Room: \$50.00  
 Family

**Back of ID Card**

Call: 1-800-226-5116 for assistance locating a First Health provider or visit the website at [www.myfirsthealth.com](http://www.myfirsthealth.com)

Call: 1-800-(CARRIER/TPA) for questions on eligibility/benefits or claims


This card does not guarantee coverage. This policy provides automatic assignment of benefits to the provider.

Electronic (EDI) Claims should be sent to:  
 Client's Payor ID:

Paper claims with itemized bills including diagnosis, should be mailed to:  
[Client's address](#)

- 5) **First Health prices all claims or Hospital claims not priced by client in 4 above** – Claims are filed to First Health for claims pricing. Emdeon Payor ID 73159 is the preferred method of receipt. If ID card notes claim filing address of PO Box 3000, Phoenix, AZ, or PO Box 5190, 5215, 5317, or 5319, Tampa FL, provider should use Emdeon Payor ID 73159 to file claims. This number should be published on the Member's ID card. ***Claims should be filed using Payor ID 75159.***

**Front of ID Card**

 **First Health Network**  
EMPLOYERS Logo

MEMBER NUMBER (SSN)  
 EFFECTIVE DATE  
 GROUP NUMBER

INSURED NAME: John A. Doe  
 PPO OFFICE CO-PAYMENT: \$10

MEDICAL COVERAGE  
 Emergency Room: \$50.00  
 Family

**Back of ID Card**

Call: 1-800-226-5116 for assistance locating a First Health provider or visit the website at [www.myfirsthealth.com](http://www.myfirsthealth.com)

Call: 1-800-(CARRIER/TPA) for questions on eligibility/benefits or claims

This card does not guarantee coverage. This policy provides automatic assignment of benefits to the provider.

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 First Health's Payor ID: 73159

Paper claims with itemized bills including diagnosis, should be mailed to:  
[FH – Tampa or Scottsdale](#)

\*The First Health Network logo can be used as the stacked version or long form:



**Please note**

HCVM, PPO Oklahoma and CCN logos should be honored as the First Health Network through 2007 or until all ID cards get changed.