



MedAvant Payer ID Table - Professional Claims

Payer ID Table Column Descriptions

New Payer

Added since last publication. N = New Payer, C = Change to payer record. D = Payer Inactive - Do Not Submit .

Participating / Non-Participating (Par / Non-par)

Par = Payers which participate with MedAvant in efforts to increase EDI volumes by subsidizing all or a significant portion of the cost of electronic transmission.

Non-Par = Payers which do not participate with MedAvant in programs to increase EDI volumes by subsidizing the cost of electronic transmission.

Payer ID

Is used to route claims electronically. Each claim must be associated with a payer ID. If using MedAvant's software Envision Total, MedAvant can assign these

Commercial / Government / Paper

Comm = Commercial health plans and those participating Blue Cross and Blue Shield carriers.

Govn't = Medicare, Medicaid and non participating Blue Cross Blue Shield payers.

Paper = Payers that can not receive claims electronically. MedAvant prints to paper and mails to payer.

State (ST)

State specific payers have state abbreviation, national payers are blank.

Payer Name

Common name used for payer and / or payer specific plans

Provider ID Required

Payer has stated unique provider ids are assigned to each provider or group. These provider ids are required to be present in the claim file for successful processing.

Contact your payer representative for more information.

Coordination of Benefits (COB)

Payers marked have identified COB readiness. At this time, only those submitters sending the standard ANSI 837 may submit COB claims.

NPI Enabled

Payers marked are able to process claims with the National Provider Identifier (NPI)

Submitters should confirm NPI registration with payer(s) prior to sending NPI

Enrollment - Authorization

Payers marked require notification and / or paperwork be completed prior to sending claims. Contact MedAvant's enrollment department for more information. (800) 792-5256 Option 1.

Response Level from Payer

This column indicates the claim status response you will receive back from MedAvant, the payer and/or trading partner. These are the response level classifications:

MedAvant Acknowledgment - Indicates that MedAvant acknowledges claim, but the payer does not.

Payer Acknowledgment - Indicates a batch level response from the payer and / or trading partner.

Payer Claim Status - Indicates a claim level response from the payer. For more information on the status message, please call the payer.

TEST Required

Payers marked require provider level testing prior to sending claims in production. Please contact your account manager or customer support team for assistance.

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|--|-------------------------|---------------------|--------------------|---------------------------|---------------------------|---------------|
| | Non-Par | 13162 | Comm | | 1199 National Benefit Fund | | | Yes | | Payer Claim Status | |
| | Non-Par | 95241 | Comm | | A.G.I.A, Inc | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 48185 | Comm | NY | ABC Health Plan of New York | | | Yes | | Payer Claim Status | |
| | Par | E3510 | Comm | CA | ABMA Medical Corporation | | | | | Payer Claim Status | |
| | Non-Par | COACC | Comm | CO | Access Behavioral Care | | | | | Payer Acknowledgment | |
| | Non-Par | 64071 | Comm | | Acclaim | | | Yes | | Payer Claim Status | |
| | Non-Par | 21356 | Comm | | Acclaim Repricing | | | Yes | | Payer Claim Status | |
| | Par | AMS01 | Comm | | Accountable Health Plan | | | | | MedAvant Acknowledgment | |
| | Par | 87815 | Comm | | Acordia National, Inc. | | | | | MedAvant Acknowledgment | |
| | Non-Par | 72467 | Comm | | ACS Consulting Services Inc. | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 38254 | Comm | | Activa Benefit Services, LLC | | | | | Payer Claim Status | |
| N 04/13/07 | Non-Par | 59141 | Comm | | Administrative Services, Inc. | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 37278 | Comm | | AdminOne | | | | | MedAvant Acknowledgment | |
| | Non-Par | 58202 | Comm | | Advanced Data Solutions, Inc. | | | Yes | | Payer Claim Status | |
| | Non-Par | 61123 | Comm | | Advantage Care | | | | | MedAvant Acknowledgment | |
| | Par | 35209 | Comm | | Advantage Health Solutions | | | | | Payer Acknowledgment | |
| N 01/24/07 | Non-Par | 25152 | Comm | | Advantra Freedom | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 25126 | Comm | | Advantra/ Health America, Inc./ Health Assurance | | | Yes | | Payer Claim Status | |
| | Non-Par | 36320 | Comm | IL | Advocate Health Centers [Required data elements needed for submission. Please contact Advocate Health Partners Operations Debbie Motz at (847) 699-4377 or Tony Hani at (847) 699-4368 for more information.] | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 65093 | Comm | IL | Advocate Health Partners [Required data elements needed for submission. Please contact Advocate Health Partners Operations Debbie Motz at (847) 699-4377 or Tony Hani at (847) 699-4368 for more information.] | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 60054 | Comm | | Aetna | | | Yes | | Payer Claim Status | |
| | Par | 60054 | Comm | | Aetna (ERA transactions only) | | | Yes | Enrl, Auth | | |
| | Non-Par | PR002 | Comm | | Aetna (Formerly Prudential) | | | | | Payer Claim Status | |
| N 06/15/07 | Non-Par | 57604 | Comm | | Aetna Affordable Health Choices | | | | | MedAvant Acknowledgment | |
| N 06/15/07 | Non-Par | ADOCS | Comm | | Affiliated Doctors of Orange County | | | | | MedAvant Acknowledgment | |
| | Non-Par | 13334 | Comm | NY | Affinity Health Care (Please contact Affinity's EDI Coordinator before submitting claims electronically at EDI@Affinityplan.org or call (718) 794-7592 to obtain an Affinity provider ID) | | | Yes | | Payer Claim Status | |
| | Non-Par | 13346 | Comm | NY | AFTRA Health Fund | | | Yes | | Payer Claim Status | |
| | Non-Par | 64158 | Comm | | Agency Services, Inc. | | | Yes | | Payer Claim Status | |
| | Par | IP080 | Comm | CA | AKM Medical Group | | | | | Payer Claim Status | |
| | Non-Par | 06311 | Comm | | Alabama Medical Surgical Associates | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 91136 | Comm | | Alaska Children's Services, Inc. Grp #P68 (MUST HAVE GRP # ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Non-Par | 92600 | Comm | AK | Alaska Electrical Health & Welfare Fund | | | Yes | | Payer Claim Status | |
| | Non-Par | 91136 | Comm | | Alaska Laborers Construction Industry Trust Grp # F23 (MUST HAVE GRP # ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Non-Par | 91136 | Comm | | Alaska Pipe Trades Local Grp # F24 (MUST HAVE GRP # ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Non-Par | 91136 | Comm | | Alaska United Food & Commercial Workers Health & Welfare Trust Grp # F45 (MUST HAVE GRP # ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Non-Par | 13550 | Comm | | ALICARE | | No | Yes | | Payer Acknowledgment | |
| | Par | 37602 | Comm | | All Savers Insurance Co. | | | | | MedAvant Acknowledgment | |
| | Par | 81040 | Comm | | Alliegiance Benefit Plan Management | | | | | Payer Claims Status | |
| N 04/13/07 | Non-Par | 13079 | Comm | | Alliance Healthcare/ SRRIPA | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 23172 | Comm | OH | Alliance Partners | | | | | Payer Claim Status | |
| | Par | 52149 | Comm | | Alliance PPO, Inc. | | | | | Payer Claim Status | |
| | Par | AMS01 | Comm | | Alliance Select | | | | | MedAvant Acknowledgment | |
| | Non-Par | | Comm | WI | Alliance, The (Wisconsin Provider) "Payer ID, Rendering Provider and Location Number required to submit claims. Please call Dave Sell at Alliance 608-210-6656 to obtain payer id" | | | | | Payer Claim Status | |
| | Non-Par | 58234 | Comm | GA | Alliant Health Plans of Georgia | | | Yes | | Payer Claim Status | |
| | Par | 94177 | Comm | | Allied Administrators | | | | | Payer Acknowledgment | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|--|-------------------------|---------------------|--------------------|---------------------------|---------------------------|---------------|
| | Par | 94177 | Comm | CA | Allied Administrators (San Francisco, CA) | | | | | Payer Claims Status | |
| | Non-Par | 37308 | Comm | | Allied Benefit Systems, Inc. | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | SX156 | Comm | | Allied Health Systems Chiropractic | | | | | Payer Claims Status | |
| | Non-Par | 75261 | Comm | | Alpha Data Systems | | | | | Payer Claim Status | |
| | Non-Par | 87043 | Comm | | Alta Health Strategies | | | Yes | | Payer Claim Status | |
| | Par | E3510 | Comm | CA | Alta Senior Care | | | | | Payer Acknowledgment | |
| | Non-Par | 37231 | Comm | | Alternative Technology Resources (medical claims only, no work comp claims) | | | | | MedAvant Acknowledgment | |
| | Non-Par | SX113 | Comm | | Altius Health Plan - (Enrollment required, please contact Altius to enroll and obtain a provider id 800-743-3901 ext 1459 | Yes | | | Enrl, Auth | Payer Claims Status | |
| | Non-Par | 13550 | Comm | | Amalgamated | | No | Yes | | Payer Acknowledgment | |
| | Par | AMS01 | Comm | WI | Amer Healthcare Plan Net | | | | | MedAvant Acknowledgment | |
| | Non-Par | 38219 | Comm | | AmeraPlan | | | Yes | | Payer Claim Status | |
| | Non-Par | 75137 | Comm | | Ameriben Solutions | | | | | Payer Claim Status | |
| | Non-Par | 37225 | Comm | IL | American Benefit Administrative Services, Inc. (Providers must contact Julie Blazek with TPA at 630-416-1111 x156 before sending claims electronically) **PROVIDERS NOTE: only claims destined for 1733 Park St., Suite 300 Naperville, IL 60563, should be sent using this payer id** | | | | | MedAvant Acknowledgment | |
| | Par | 34187 | Comm | | American Benefits Management | | | | | Payer Acknowledgment | |
| | Par | 34187 | Comm | | American Benefits Management (North Canton, OH) | | | | | Payer Claims Status | |
| | Par | ACN01 | Comm | | American Chiropractic Network Group | | | | | MedAvant Acknowledgment | |
| | Par | ACN01 | Comm | NY | American Chiropractic Network IPA of NY | | | | | MedAvant Acknowledgment | |
| | Par | ACN01 | Comm | | American Chiropractic Network, Inc. | | | | | MedAvant Acknowledgment | |
| | Par | 87726 | Comm | | American Commercial Lines | Yes | | | | Payer Claim Status | |
| | Non-Par | 60305 | Comm | MI | American Community Mutual Ins. - Livonia, Michigan | | | Yes | | Payer Claim Status | |
| | Non-Par | 60305 | Comm | | American Community Mutual Insurance (Payer office ID is required) | | | Yes | | Payer Claim Status | |
| | Par | ACN01 | Comm | | American Complimentary Care Network, Inc. | | | | | MedAvant Acknowledgment | |
| | Par | IP080 | Comm | CA | American Family Health Providers | | | | | Payer Claim Status | |
| | Non-Par | TH095 | Comm | | American Family Insurance Company | | | | | Payer Claim Status | |
| | Non-Par | 62030 | Comm | | American General | | | Yes | | Payer Claims Status | |
| | Non-Par | AHG99 | Comm | | American Health Group | | | | | MedAvant Acknowledgment | |
| | Non-Par | 01066 | Comm | | American Healthcare Alliance | | | Yes | | Payer Claim Status | |
| | Non-Par | 81949 | Comm | | American Insurance Company of Texas | | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | American International Group Inc. (AIG) | | | | | Payer Claim Status | |
| | Non-Par | 72099 | Comm | | American LIFECARE | | | Yes | | Payer Claim Status | |
| | Par | AMS01 | Comm | | American Medical Security | | | | | MedAvant Acknowledgment | |
| | Non-Par | 74048 | Comm | | American National Insurance Company | | | | | Payer Claim Status | |
| | Par | 44444 | Comm | | American Postal Workers Union | | | | | MedAvant Acknowledgment | |
| | Non-Par | 42011 | Comm | | American Republic Insurance Company (ARIC) | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | ASH01 | Comm | | American Specialty Health, Inc. | Yes | | | | Payer Claim Status | |
| | Non-Par | 37322 | Comm | | American Worker Health Plan | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 16120 | Comm | | America's PPO | | | | | MedAvant Acknowledgment | |
| C 04/13/07 | Par | 86001 | Comm | NJ | AmeriChoice of New Jersey Personal Care Plus (Medicare) {All claims require your AmeriChoice assigned provider id number. Please call AmeriChoice @ 866-362-3368 for your provider id number } | Yes | | | | Payer Claim Status | |
| C 04/13/07 | Par | 86047 | Comm | NJ | AmeriChoice of New Jersey, Inc. - Medicaid NJ | | No | | | Payer Acknowledgment | |
| C 04/13/07 | Par | 86002 | Comm | NY | AmeriChoice of New York Personal Care Plus (Medicare) {All claims require your AmeriChoice assigned provider id number. Please call AmeriChoice @ 866-362-3368 for your provider id number } | Yes | No | | | Payer Acknowledgment | |
| C 04/13/07 | Par | 86048 | Comm | NY | AmeriChoice of New York, Inc. - Medicaid NY | | No | | | Payer Acknowledgment | |
| C 04/13/07 | Par | 86003 | Comm | PA | AmeriChoice of Pennsylvania Personal Care Plus (Medicare) {All claims require your AmeriChoice assigned provider id number. Please call AmeriChoice @ 800-345-3627 for your provider id number } | Yes | | | | Payer Claim Status | |
| C 04/13/07 | Par | 86049 | Comm | PA | AmeriChoice of Pennsylvania, Inc. - Medicaid PA {payer requires every claim contain the AmeriChoice assigned provider id (including suffix)} | Yes | | | | Payer Claim Status | |
| | Par | 28809 | Comm | FL | Amerigroup - Florida | Yes | | | | Payer Claim Status | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|---|-------------------------|---------------------|--------------------|---------------------------|---------------------------|---------------|
| | Par | 28804 | Comm | TX | Amerigroup - Ft. Worth/Dallas/GA Medicaid | Yes | | | | Payer Claim Status | |
| | Par | 28805 | Comm | TX | Amerigroup - Houston | Yes | | | | Payer Claim Status | |
| | Par | 28807 | Comm | MD | Amerigroup - Maryland/Virginia/District of Columbia | Yes | | | | Payer Claim Status | |
| | Par | 28806 | Comm | NJ | Amerigroup - New Jersey | Yes | | | | Payer Claim Status | |
| | Par | 28808 | Comm | MD | Amerigroup - Ohio/Illinois | Yes | | | | Payer Claim Status | |
| N 03/30/07 | Par | 28804 | Comm | TN | Amerigroup - TennCare | Yes | | | | Payer Claim Status | |
| | Non-Par | 27518 | Comm | IL | Amerigroup Illinois | | | Yes | | Payer Claim Status | |
| | Non-Par | 95044 | Comm | | AmeriHealth Administrators | Yes | | | | Payer Claim Status | |
| | Non-Par | 95044 | Comm | | AmeriHealth Delaware & New Jersey HMO | Yes | | | | Payer Claim Status | |
| | Non-Par | 95044 | Govn't | PA | AmeriHealth Delaware (PPO) | Yes | | | | Payer Claim Status | |
| | Non-Par | 22248 | Comm | | Amerihealth Mercy Health Plan (excluding Texas and North Carolina) | | | Yes | | Payer Claim Status | |
| | Non-Par | 95044 | Govn't | PA | AmeriHealth New Jersey (PPO) | Yes | | | | Payer Claim Status | |
| | Non-Par | 95044 | Comm | | AmeriHealth New Jersey HMO | Yes | | | | Payer Acknowledgment | |
| | Par | IP080 | Comm | CA | AMVI | | | | | Payer Claim Status | |
| | Non-Par | 53085 | Comm | | Anchor Benefit Consulting | | | | | Payer Claim Status | |
| | Non-Par | 86062 | Comm | | Ancillary Benefit Systems | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 86062 | Comm | | Ancillary Benefit Systems/Arizona Foundation For Medical Care (AFMC) | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 34192 | Comm | OH | Antares Management Solutions, OH | | | Yes | | Payer Claim Status | |
| | Non-Par | 16140 | Comm | | APA Partners Inc. | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 34196 | Comm | | Apex Benefit Services (located in Akron, OH) (Claims must contain the rendering provider id or the claim will reject.) | Yes | | Yes | | Payer Acknowledgment | |
| | Non-Par | IP116 | Comm | | Applecare Medical Group (Applecare Medicare Management) | | | | | MedAvant Acknowledgment | |
| | Non-Par | IP116 | Comm | | Applecare Medical Management (Applecare/St. Francis/Downey) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 54160 | Comm | | APS Healthcare, Inc. | | | | | Payer Acknowledgment | |
| | Non-Par | 54100 | Comm | | APS Paper Claim | | | Yes | | Payer Claim Status | |
| | Par | 44444 | Comm | | APWU/Affordable Network | | | | | MedAvant Acknowledgment | |
| | Non-Par | 16120 | Comm | | ARAZ | | | | | MedAvant Acknowledgment | |
| | Par | 77045 | Comm | | Arcadian Management Services, Inc. | | No | | | Payer Acknowledgment | |
| | Par | AMS11 | Comm | | Arcadian Management Services, Inc. | | No | | | Payer Acknowledgment | |
| | Non-Par | 86062 | Comm | | Arizona Foundation For Medical Care (AFMC) | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 03432 | Comm | AZ | Arizona Physicians IPA / Americhoice | | | Yes | | Payer Claims Status | |
| | Non-Par | 75278 | Comm | | Arkansas Best Corporation | | | | | Payer Claim Status | |
| | Non-Par | 95440 | Comm | | Arnett Health Plans - (Payer requires unique Provider ID for billing, rendering or referring provider fields. Contact Susan Fisk at Arnett Health Plans 765-448-7719 for additional information prior to first claims submission) | | | Yes | | Payer Claims Status | |
| | Non-Par | IP002 | Comm | CA | Arrowhead Physician Alliance (Labs Only) | | | | Authorization | Payer Claim Status | |
| N 03/01/07 | Non-Par | 38265 | Comm | | ASR Corporation | | | Yes | | Payer Acknowledgment | |
| | Non-Par | ASRM1 | Comm | NJ | ASRM, CORP. | | | | | Payer Claim Status | |
| | Non-Par | FAABC | Comm | | Associated Benefits Corp | | | | | Payer Claim Status | |
| | Non-Par | IP008 | Comm | CA | Associated Hispanic Physicians (Labs Only) | | | | Authorization | Payer Claim Status | |
| | Non-Par | 36326 | Comm | | Associates for Healthcare, Inc. | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 37294 | Comm | | Association Services of Washington | | | | | MedAvant Acknowledgment | |
| | Non-Par | 39065 | Comm | | Assurant Health | | | Yes | | Payer Claim Status | |
| | Par | 74240 | Comm | | Assured Benefits | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 95691 | Comm | | Athens Area Health Plan Select | | | Yes | | Payer Claim Status | |
| | Non-Par | 22304 | Comm | | AtlantiCare Administrators | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 13853 | Comm | NY | Atlantis Health Plan: Please include Network ID (PIN) on claims. Please call Frank Bove @ Atlantis Health Plan to obtain a network id, 212-747-8393. | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | ATLAD | Comm | | Atlas Administrators (USA MCO Provider Network) | | | | | Payer Claim Status | |
| | Non-Par | 38259 | Comm | MI | Automated Benefit Services (ABS) | | | | | Payer Claim Status | |
| | Par | 37280 | Comm | IN | Automated Group Administration, Inc. | | | | | MedAvant Acknowledgment | |
| | Non-Par | 91136 | Comm | | Automotive Machinists Local 289 Health & Welfare Trust Grp # F32 (MUST HAVE GRP # ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Par | IP080 | Comm | CA | Avalon IPA | | | | | Payer Claim Status | |
| | Non-Par | 46045 | Comm | | Avera Health Plans | | | Yes | | Payer Claim Status | |
| | Par | 59275 | Comm | FL | AvMed Encounters | Yes | | | | | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|-----------------|-------------|------------------------|----|--|-------------------------------|---------------------------|-----------------------|------------------------------|-----------------------------------|------------------|
| | Par | 59274 | Comm | FL | AvMed Health Plan (providers must include their 6 digit AvMed assigned provider id on claims) | Yes | | | | Payer Claim Status | |
| | Non-Par | SKAZ0 | Comm | | AZ Health Care Cost Containment System (AHCCCS) | | | | | Payer Claims Status | |
| | Par | 37248 | Comm | | Bass Administrators, Inc. | | | | | MedAvant Acknowledgment | |
| N 01/31/07 | Non-Par | 31478 | Comm | | BCBS Kansas Freedom Networks | | | | | Payer Claim Status | |
| | Non-Par | 49153 | Comm | | BCI Administrators, Inc. | | | Yes | | Payer Claims Status | |
| | Non-Par | 95377 | Comm | | Beech Street Corporation | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 25145 | Comm | PA | Benefit Coordinators Corp. (Only claims with a mailing address of: 111 Ryan Ct./Suite 300/Pittsburgh, PA 15205 should be sent to this payer id) | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 37212 | Comm | | Benefit Management Systems, Inc. | | | Yes | | Payer Claim Status | |
| | Non-Par | 43178 | Comm | MO | Benefit Management, Inc. (Joplin, MO) | | | | | Payer Acknowledgment | |
| | Non-Par | 13310 | Comm | MO | Benefit Plan Admin - St. Louis (Seabury & Smith) | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 39081 | Comm | WI | Benefit Plan Administrators Co. - Eau Claire, WI (Payer ID valid for only claims with a billing submission address of P.O. Box 1128, Eau Claire, WI 54702-1128.) | | | Yes | | Payer Claim Status | |
| | Non-Par | 88027 | Comm | NV | Benefit Plan Administrators Inc. (BPA) "Only providers in the state of Nevada can send claims to 88027" | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 37118 | Comm | VA | Benefit Plan Administrators Inc. (Please call Mary Bender @940-345-2721 to verify if you should be sending claims to BPA Roanoke, VA) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37286 | Comm | | Benefit Plan Administrators, Inc - FARGO, NORTH DAKOTA | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37222 | Comm | | Benefit Plan Management, Inc. | | | | | MedAvant Acknowledgment | |
| | Non-Par | 74223 | Comm | | Benefit Planners, Inc. | | | Yes | | Payer Claim Status | |
| | Non-Par | 02053 | Comm | IN | Benefit Resources | | | | | Payer Claim Status | |
| | Non-Par | 34178 | Comm | OH | Benefit Services, Inc. (Akron, OH) | | | | | Payer Acknowledgment | |
| | Non-Par | 38257 | Comm | MI | Benefit Source, Inc | | | | | Payer Claim Status | |
| | Non-Par | 36342 | Comm | | Benefit Systems & Services, Inc. (BSSI) | | | Yes | | Payer Claim Status | |
| | Non-Par | 00999 | Comm | | Benefits Management Services, Inc. (BCBS LA) | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 74223 | Comm | | Benefits Planners, Inc. | | | Yes | | Payer Claim Status | |
| C 01/11/07 | Par | 87265 | Comm | | Benesight (formerly The TPA) | | | | | MedAvant Acknowledgment | |
| | Par | 37248 | Comm | | Benesys - LHP Claims Unit | | | | | MedAvant Acknowledgment | |
| | Par | 37248 | Comm | | Benesys, Inc. | | | | | MedAvant Acknowledgment | |
| N 01/31/07 | Non-Par | 69752 | Comm | | Benicorp | | | | | Payer Claim Status | |
| | Non-Par | BNMK1 | Comm | MS | Benmark | | | | | Payer Claim Status | |
| | Non-Par | 95604 | Comm | | Best Life & Health Insurance Co. | | | Yes | | Payer Claims Status | |
| | Non-Par | 32006 | Comm | CA | Better Health Plans of S. California | | | Yes | | Payer Claim Status | |
| | Non-Par | 62183 | Comm | | Better Health Plans, Inc. | Yes | | Yes | | Payer Acknowledgment | |
| | Non-Par | CX025 | Comm | | Big Lots Associates Benefit Plan | | | | | Payer Claim Status | |
| | Non-Par | BVTX1 | Comm | TX | Block Vision Of Texas, Inc. | | | | | Payer Claim Status | |
| | Non-Par | BV001 | Comm | | Block Vision, Inc. | | | | | Payer Claim Status | |
| | Non-Par | 95610 | Govn't | MI | Blue Care Network (through MI BCBS) | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | BS062 | Govn't | MO | Blue Choice - Missouri | Yes | | Yes | | Payer Acknowledgment | |
| C 02/21/07 | Non-Par | BC001 | Comm | CA | Blue Cross - California | Yes | | Yes | | Payer Claim Status | |
| | Par | HM006 | Comm | CA | Blue Cross - California Care - HMO | Yes | | Yes | Authorization | Payer Claim Status | |
| | Non-Par | BC002 | Govn't | ID | Blue Cross - Idaho | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | BS010 | Govn't | WA | Blue Cross - Premera | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Par | IP061 | Comm | CA | Blue Lake Rancheria | | | | | MedAvant Acknowledgment | |
| | Non-Par | BS054 | Govn't | AL | Blue Shield - Alabama | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS054 | Govn't | AL | Blue Shield - Alabama | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS011 | Govn't | AK | Blue Shield - Alaska | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS046 | Govn't | AZ | Blue Shield - Arizona | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS048 | Govn't | AR | Blue Shield - Arkansas | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Par | BS001 | Comm | CA | Blue Shield - California / Blue Shield (FEP) | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS001 | Comm | CA | Blue Shield - California / Blue Shield (FEP) (ERA transactions only) | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS020 | Govn't | CO | Blue Shield - Colorado --- Anthem | Yes | | Yes | Authorization | Payer Claim Status | |
| | Non-Par | BS043 | Govn't | CT | Blue Shield - Connecticut --- Anthem | Yes | | Yes | Authorization | Payer Claim Status | |
| | Non-Par | BS143 | Govn't | CT | Blue Shield - Connecticut BlueCare | Yes | | Yes | Authorization | Payer Claim Status | |
| | Par | SB580 | Comm | DC | Blue Shield - DC, National Capital Area (CareFirst) | Yes | | | | Payer Claim Status | |
| | Par | BS042 | Comm | DE | Blue Shield - Delaware | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS022 | Govn't | FL | Blue Shield - Florida | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|--|-------------------------|---------------------|--------------------|---------------------------|-----------------------------------|---------------|
| C 06/15/07 | Non-Par | BS039 | Govn't | GA | Blue Shield - Georgia | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | BS064 | Govn't | HI | Blue Shield - Hawaii | Yes | | Yes | Enrl, Auth | Payer Claim Status | |
| | Non-Par | BS002 | Govn't | ID | Blue Shield - Idaho | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | BS018 | Govn't | IL | Blue Shield - Illinois | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS049 | Govn't | IN | Blue Shield - Indiana --- Anthem | Yes | | Yes | Authorization | Payer Claim Status | |
| | Non-Par | BS030 | Govn't | IA | Blue Shield - Iowa | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS023 | Govn't | KS | Blue Shield - Kansas | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | BS050 | Govn't | KY | Blue Shield - Kentucky --- Anthem | Yes | | Yes | Authorization | Payer Claim Status | |
| | Non-Par | BS038 | Comm | LA | Blue Shield - Louisiana | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Par | BS038 | Comm | LA | Blue Shield - Louisiana | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | BS034 | Govn't | ME | Blue Shield - Maine --- Anthem | Yes | | Yes | Authorization | Payer Claim Status | |
| | Par | SB690 | Comm | MD | Blue Shield - Maryland (CareFirst) | Yes | | | | Payer Claim Status | |
| | Non-Par | BS059 | Govn't | MA | Blue Shield - Massachusetts | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | BS059 | Govn't | MA | Blue Shield - Massachusetts | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS017 | Govn't | MI | Blue Shield - Michigan | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | BS085 | Govn't | MN | Blue Shield - Minnesota | Yes | | Yes | Enrl., Auth. | Payer Acknowledgment | |
| | Non-Par | BS047 | Govn't | MS | Blue Shield - Mississippi | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS025 | Govn't | MO | Blue Shield - Missouri | Yes | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | BS024 | Govn't | MO | Blue Shield - Missouri --- Kansas City | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | BS036 | Govn't | MT | Blue Shield - Montana | Yes | | | Enrl., Auth. | Payer Claims Status | |
| | Non-Par | BS058 | Govn't | NE | Blue Shield - Nebraska | Yes | | Yes | Enrl, Auth | Payer Claim Status | |
| | Non-Par | BS019 | Govn't | NV | Blue Shield - Nevada --- Anthem | Yes | | Yes | Authorization | Payer Claim Status | |
| | Non-Par | BS067 | Govn't | NH | Blue Shield - New Hampshire --- Anthem | Yes | | Yes | Authorization | Payer Claim Status | |
| | Non-Par | BS031 | Govn't | NJ | Blue Shield - New Jersey - Horizon | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS037 | Govn't | NM | Blue Shield - New Mexico | Yes | | Yes | Authorization | Payer Claim Status | |
| | Non-Par | BS063 | Govn't | NY | Blue Shield - New York --- Central | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS033 | Govn't | NY | Blue Shield - New York - Empire | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | BS086 | Govn't | NY | Blue Shield - New York --- Northeastern | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS061 | Govn't | NY | Blue Shield - New York --- Rochester | Yes | No | | Enrl., Auth. | Payer Acknowledgment | Yes |
| | Non-Par | BS066 | Govn't | NY | Blue Shield - New York --- Utica/Watertown | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS087 | Govn't | NY | Blue Shield - New York --- Western | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS003 | Govn't | NC | Blue Shield - North Carolina | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS057 | Govn't | ND | Blue Shield - North Dakota | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | BS051 | Govn't | OH | Blue Shield - Ohio --- Anthem | Yes | | Yes | Authorization | Payer Claim Status | |
| | Non-Par | BS041 | Govn't | OK | Blue Shield - Oklahoma | Yes | | Yes | Authorization | Payer Claim Status | |
| | Non-Par | BS026 | Govn't | OR | Blue Shield - Oregon (Includes: OHP/FEP/HMO) | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 54771 | Govn't | PA | Blue Shield - PA - Highmark Claims/ Encounters | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS027 | Govn't | PA | Blue Shield - PA - Highmark Claims/ Encounters | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 54704 | Govn't | PA | Blue Shield - PA - Independence BC Personal Choice | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 54771 | Govn't | PA | Blue Shield - PA - KHP Central (Out of service area providers only) | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | BS010 | Comm | WA | Blue Shield - Premera (formerly MSC) | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS075 | Govn't | RI | Blue Shield - Rhode Island | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS028 | Govn't | SC | Blue Shield - South Carolina | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS056 | Govn't | SD | Blue Shield - South Dakota | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS032 | Govn't | TN | Blue Shield - Tennessee | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS032 | Govn't | TN | Blue Shield - Tennessee | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS021 | Govn't | TX | Blue Shield - Texas | Yes | | Yes | Authorization | Payer Claim Status | |
| | Non-Par | BS088 | Govn't | UT | Blue Shield - Utah | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | BS188 | Govn't | UT | Blue Shield - Utah Federal Claims | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | BS065 | Govn't | VT | Blue Shield - Vermont | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS029 | Govn't | VA | Blue Shield - Virginia | Yes | | Yes | Authorization | Payer Claim Status | |
| | Non-Par | BS029 | Govn't | VA | Blue Shield - Virginia - Trigon | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS006 | Govn't | WA | Blue Shield - Washington | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | BS035 | Govn't | WA | Blue Shield - Washington --- Whatcom County | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS055 | Govn't | WV | Blue Shield - West Virginia (Contact: (800) 792-5256 option 812 for enrollment procedures) | Yes | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | BS053 | Govn't | WI | Blue Shield - Wisconsin (contact (800) 792-5256, option "1" for the enrollment procedures) | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS074 | Govn't | WY | Blue Shield - Wyoming | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Par | HM007 | Comm | CA | Blue Shield HMO - HMO | Yes | | | Enrl., Auth. | Payer Claim Status | Yes |
| | Non-Par | BS175 | Govn't | RI | BlueChip - Rhode Island | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Par | 61124 | Comm | | Bluegrass Family Health | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 36609 | Comm | | Boilermakers National Health & Welfare Fund | | | Yes | | MedAvant Acknowledgment | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|--|-------------------------|---------------------|--------------------|---------------------------|--|---------------|
| | Non-Par | 74238 | Comm | | Boon – Chapman Administrators, Inc. | | | Yes | | Payer Claim Status | |
| | Par | 13337 | Comm | MA | Boston Medical Center Healthnet | | | | | Payer Claim Status | |
| C 02/23/07 | Non-Par | SX067 | Comm | | Brickstreet Mutual "formerly Workers Compensation of West Virginia" (Contact MedAvant Enrollment Department for Authorization (800) 792-5256 Option 1) | Yes | | | Authorization | Payer Claims Status | |
| | Non-Par | 38365 | Comm | OH | Bridge Benefits | | | | | Payer Claim Status | |
| | Non-Par | 37285 | Comm | | Bridgestone Claims Services | | | Yes | | Payer Claim Status | |
| | Non-Par | 51037 | Comm | | Brokerage Concepts | | | | | MedAvant Acknowledgment | |
| | Par | 94316 | Comm | CA | Brown & Toland Medical Group | | | | | Payer Claim Status - Responses could take up to 10 business days | |
| | Non-Par | BRISD | Comm | TX | Bryan Independent School District | | | Yes | | Payer Claim Status | |
| | Non-Par | 32004 | Comm | OH | Buckeye Community Health | Yes | | | Enrollment | Payer Claim Status | |
| | Non-Par | 50240 | Comm | | Buenaventura Medical Group | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 42150 | Comm | IA | Butler Benefits | | | | | Payer Claim Status | |
| | Non-Par | 23708 | Comm | | C & O Employees' Hospital Association | | | Yes | | Payer Claim Status | |
| | Par | IP059 | Comm | CA | Calif. Care (Humboldt Del Norte) | | | | | MedAvant Acknowledgment | |
| | Non-Par | IP020 | Comm | CA | California Primary Care Medical Group (Labs Only) | | | | Authorization | Payer Claim Status | |
| | Non-Par | CWVS99 | Comm | CA | California Water Services | | | | | MedAvant Acknowledgment | |
| N 03/14/07 | Non-Par | CALOP | Comm | | CalOptima Direct | | | Yes | | Payer Claims Status | |
| | Non-Par | 37105 | Comm | | Cannon Cochran Management Services, Inc. | | | Yes | | Payer Claim Status | |
| | Par | IP080 | Comm | CA | Cap Management Systems | | | | | Payer Claim Status | |
| | Non-Par | 38245 | Comm | | Cape Health Plan | Yes | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 54720 | Comm | PA | Capital Blue Cross | Yes | | Yes | Enrl., Auth. | Payer Acknowledgment | |
| | Non-Par | | Comm | | Capital District Physician's Health Plan [Contact (800) 792-5256, option "1" for the enrollment procedures] | Yes | | | Enrl., Auth. | Payer Claim Status | |
| C 01/31/07 | Non-Par | 65067 | Comm | | Capital International Mgmt | | | | | Payer Claim Status | |
| | Non-Par | 68011 | Comm | | Capitol Administrators | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 57116 | Comm | AZ | Care 1st Health Plan of Arizona | | | Yes | | Payer Claim Status | |
| | Par | HM037 | Comm | | Care Choice / Preferred Choice | Yes | | | Enr. Auth. | MedAvant Acknowledgment | |
| | Non-Par | 00344 | Comm | | Care Management Resources | Yes | | | | MedAvant Acknowledgment | |
| C 06/15/07 | Non-Par | 14185 | Comm | | CareCore | | | | | MedAvant Acknowledgment | |
| | Non-Par | 14182 | Comm | | CareCore National | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 14184 | Comm | | CareCore National - HealthNet | Yes | | Yes | | Payer Acknowledgment | |
| | Non-Par | 75190 | Comm | VA | CareFirst Administrators (Now known as NCAS - Fairfax, VA) | | | Yes | | Payer Acknowledgment | |
| | Non-Par | SB690 | Comm | MD | CareFirst BCBS - (ERA transactions only) | Yes | | | Enrl, Auth | Payer Claim Status | |
| | Non-Par | SB580 | Comm | DC | CareFirst BCBS - (ERA transactions only) | Yes | | | Enrl, Auth | Payer Claim Status | |
| | Par | SB580 | Comm | DC | CareFirst BCBS - DC, National Capital Area | Yes | | | | Payer Claim Status | |
| | Par | SB690 | Comm | MD | CareFirst BCBS - Maryland | Yes | | | | Payer Claim Status | |
| | Par | SB691 | Govn't | MD | CareFirst Delmarva Health Plan | Yes | | | | Payer Acknowledgment | |
| | Non-Par | 25139 | Comm | | Carelink Advantra (WV and OH members only) | | | Yes | | Payer Claim Status | |
| | Non-Par | 25140 | Comm | | Carelink Medicaid | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 91136 | Comm | | Caremark WPAS, Inc., Grp# P62 (MUST HAVE GRP# ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Non-Par | IP128 | Comm | CA | CareMore | | | | | MedAvant Acknowledgment | |
| | Non-Par | 25142 | Comm | | Carenet of Virginia | | | Yes | | Payer Claim Status | |
| | Non-Par | 22248 | Comm | MO | CarePartners | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 95092 | Comm | | CarePlus Health Plans, Inc. | | | | | Payer Claim Status - Rejects Only | |
| | Non-Par | 10010 | Comm | | Carerworks | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 37311 | Comm | IN | CareSource of Indiana | Yes | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 31114 | Comm | OH | CareSource OH [Contact (800) 792-5256, option "1" for the enrollment procedures.] | Yes | | | Authorization | Payer Acknowledgment | |
| | Non-Par | 35167 | Comm | | Carewise | | | Yes | | Payer Claim Status | |
| | Non-Par | 62073 | Comm | | Cariten Health Plan | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 62072 | Comm | | Cariten Senior Health | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 37245 | Comm | | Carolina Benefit Administrators, Inc. | | | | | Payer Claim Status | |
| | Non-Par | 57105 | Comm | | Carolina Care Plan, Inc. | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 56195 | Comm | | Carolina Summit Healthcare, Inc. | | | Yes | | Payer Claim Status | |
| | Non-Par | 25125 | Comm | | Carpenters Health and Welfare Trust Fund of St. Louis | | | Yes | | Payer Claims Status | |
| | Par | CAS01 | Comm | OR | Cascade East Health Plan | Yes | | | Authorization | Payer Claim Status | |
| | Par | 37060 | Comm | | Caterpillar, Inc. | | | | | MedAvant Acknowledgment | |
| | Non-Par | 55438 | Comm | | CBCA Administrators | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 88019 | Comm | | CCEA Welfare Benefit Trust | | No | Yes | | Payer Acknowledgment | |
| | Par | 95166 | Comm | CA | Cedars-Sinai Medical Network -- CLAIMS | Yes | | | | Payer Claim Status - Responses could take up to 10 busin | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|---|-------------------------|---------------------|--------------------|---------------------------|--|---------------|
| | Par | 95167 | Comm | CA | Cedars-Sinai Medical Network -- ENCOUNTERS | Yes | | | | Payer Claim Status - Responses could take up to 10 busin | |
| | Non-Par | 91136 | Comm | | Cement Masons & Plasterers Hlth & Welfare Trust Grp# F16 (MUST HAVE GRP# ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Non-Par | 68050 | Comm | GA | Cenpatco - GA Medicaid Plan (Enrollment required. Please call 800-225-2573 ext 25525 prior to submitting claims) | | | | | Payer Claims Status | |
| | Non-Par | 68048 | Comm | AZ | Cenpatco Behavioral Health AZ | | | Yes | | Payer Claim Status | |
| N 01/24/07 | Non-Par | 13357 | Comm | | CenterCare | | | Yes | | Payer Acknowledgment | |
| | Par | IP080 | Comm | CA | Centinela IPA | | | | | Payer Claim Status | |
| | Non-Par | 31118 | Comm | | Central Benefits Life | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 31118 | Comm | | Central Benefits Mutual | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 31118 | Comm | | Central Benefits National | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | IP037 | Comm | CA | Central Coast IPA (Labs Only) | | | | Authorization | MedAvant Acknowledgment | |
| | Non-Par | 02041 | Comm | | Central Mass. Health Care (CMHC) | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | IP010 | Comm | PA | Central Pennsylvania Physicians (Labs Only) | | | | Authorization | Payer Claim Status | |
| | Non-Par | 34097 | Comm | | Central Reserve Life | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 36215 | Comm | | Central States Health & Welfare Funds | | No | Yes | | Payer Claim Status | |
| | Par | E3510 | Comm | CA | Central Valley Medical Group | | | | | Payer Claim Status | |
| | Non-Par | 48120 | Comm | | Century Health Solutions | | | Yes | | Payer Claims Status | |
| | Non-Par | 23171 | Comm | | CHA - Commonwealth Health Alliance | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 84146 | Comm | | CHAMP VA - HAC | | | Yes | | Payer Claim Status | |
| | Non-Par | 95748 | Comm | | Chartered Health Plan | | | | | Payer Claim Status | |
| | Non-Par | 16600 | Comm | | Chautauqua County Healthcare Plan | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 16600 | Comm | | Chautauqua County Healthcare Plan (Mayville, NY) | | | Yes | | Payer Claim Status | |
| | Non-Par | 75261 | Comm | | CHEC - A subsidiary of Sprint | | | | | Payer Claim Status | |
| | Non-Par | 59223 | Comm | | Chesapeake Life Insurance Company | | | Yes | | Payer Claim Status | |
| | Non-Par | CLW99 | Comm | IL | Chicago Laborers Health & Welfare Fund | | | | | MedAvant Acknowledgment | |
| | Non-Par | 86048 | Comm | | Child Health Plus | | No | | | Payer Acknowledgment | |
| | Par | 94321 | Comm | | Children's First Healthcare Network | | | | | Payer Acknowledgment | |
| | Par | DCHCH | Comm | | CHIP - Driscoll Children's Health Plan | | | | | Payer Claim Status | |
| | Par | CCHP1 | Comm | | CHIPS | | | | | Payer Claim Status | |
| | Par | ACN01 | Comm | | ChiroCare | | | | | MedAvant Acknowledgment | |
| | Par | ACN01 | Comm | MN | Chiropratic Care of Minnesota, Inc. | | | | | MedAvant Acknowledgment | |
| | Par | ACN01 | Comm | WI | Chiropratic Care of Wisconsin, Inc. | | | | | MedAvant Acknowledgment | |
| | Non-Par | 33065 | Comm | | CHOC - Childrens Hospital of Orange County | | | Yes | | Payer Acknowledgment | |
| | Non-Par | SCH01 | Comm | | CHOC Health Alliance | | | | | MedAvant Acknowledgment | |
| | Non-Par | 76049 | Comm | TX | Choice One/ UTMB CHIP Health Plan (Must call provider relations (281) 652-8700 prior to submitting claims) | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 39112 | Comm | | CHP/RPU (FABOH) | | | Yes | | Payer Claim Status | |
| | Non-Par | SPOHN | Comm | | Christus Spohn Health Plan | | | | | Payer Acknowledgment | |
| | Non-Par | 62308 | Comm | | CIGNA - ERA Available | | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | | CIGNA - PPO | | | Yes | | Payer Claim Status | |
| | Non-Par | MCCBV | Comm | | CIGNA Behavioral Health | | | Yes | | Payer Claim Status | |
| | Non-Par | 86033 | Comm | | Cigna for Seniors | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 62308 | Comm | | CIGNA Health Plan | | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | | CIGNA Premier Plus | | | Yes | | Payer Claim Status | |
| | Non-Par | COA01 | Comm | | City of Amarillo | | | Yes | | Payer Claim Status | |
| | Non-Par | 75600 | Comm | | City of Odessa | | | Yes | | Payer Claim Status | |
| | Non-Par | TTCEC | Comm | TX | City of San Antonio | | | | | Payer Claim Status | |
| C 04/24/07 | Non-Par | CLFRS | Comm | | CL Frates | | | | Authorization | Payer Claim Status | |
| | Non-Par | 39141 | Comm | | Claim Management Services, Inc. | | | | | MedAvant Acknowledgment | |
| | Non-Par | 62413 | Comm | | Claims Administration Corp. (Payer office ID is required) | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 39141 | Comm | | Claims Management Services, Inc. | | | | | MedAvant Acknowledgment | |
| | Non-Par | 57080 | Comm | | Claimsware, Inc., DBA ManageMed | | | Yes | | Payer Acknowledgment | |
| | Non-Par | EPOTX | Comm | | Clarendon Kids CHIP Program (CKCP) EPO (Only for Dates of Service 8/31/04 and prior. For Dates Of Service 9/1/04 and after, use Payer ID SHP11) | | | | | Payer Claim Status | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|--|-------------------------|---------------------|--------------------|---------------------------|--|---------------|
| | Non-Par | SHP11 | Comm | | Clarendon Kids CHIP Program (CKCP) EPO [For Dates of Service 9/1/04 and after. For Dates of Service 8/31/04 and prior, use payer ID EPOTX. Enrollment with Superior Health Plan (EDI Dept. 800-225-2273) or email edi@centene.com. Fax Enrollment forms to 314-558-2427. Requires 6 digit Superior Health Plan PIN.] | Yes | | | | Payer Claim Status | |
| | Non-Par | CCS99 | Comm | | Clayton County Health Benefit Plan | | | | | MedAvant Acknowledgment | |
| | Non-Par | 62413 | Comm | | CNA (Mailhandlers Benefit Plan) | | | Yes | | Payer Claim Status | |
| | Non-Par | COACC | Comm | CO | Colorado Access HMO | | | | | Payer Acknowledgment | |
| | Non-Par | COHMO | Comm | CO | Colorado Blue Advantage | | | | | Payer Acknowledgment | |
| | Non-Par | COKSR | Comm | CO | Colorado Kaiser Permanente (Colorado plans only **EXCEPT Colorado Springs**) | | | | | Payer Acknowledgment | |
| | Non-Par | KSRCS | Comm | CO | Colorado Springs Kaiser Permanente (Colorado Springs plan only) | | | | | Payer Acknowledgment | |
| | Non-Par | 25351 | Comm | | Columbia Cornell Care, LLC | | | Yes | | Payer Claim Status | |
| | Non-Par | 91162 | Comm | | Columbia United Providers | | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | | CoMed - CIGNA | | | Yes | | Payer Claim Status | |
| | Non-Par | 34181 | Comm | | Commerce Benefits Group | | | Yes | | Payer Claim Status | |
| C 02/27/07 | Non-Par | 37237 | Comm | | Commonwealth Administrative Group | | | Yes | | Payer Claim Status | |
| C 02/27/07 | Non-Par | 37237 | Comm | | Commonwealth Administrators, LLC | | | Yes | | Payer Claim Status | |
| | Non-Par | 25179 | Comm | | Community Care Behavioral Health Organization | | | Yes | | Payer Claim Status | |
| | Non-Par | 73143 | Comm | OK | Community Care Managed Health Care Plans of OK | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 39126 | Comm | | Community Care Organization | | | Yes | | Payer Claims Status | |
| | Par | 71079 | Comm | | Community Care Plan | | | | | Payer Acknowledgment | |
| N 01/31/07 | Non-Par | 38325 | Comm | | Community Choice | | | | | Payer Claim Status | |
| | Non-Par | COMMF | Comm | | Community First | | | Yes | | Payer Claim Status | |
| | Non-Par | COMMF | Comm | | Community First - Star Health Plan | | | Yes | | Payer Claim Status | |
| | Non-Par | 35193 | Comm | | Community Health Alliance (CHA) | | | | | Payer Claim Status | |
| | Non-Par | 48145 | Comm | | Community Health Choice | Yes | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 75261 | Comm | | Community Health Electronic Claims (CHEC) | | | | | Payer Claim Status | |
| | Non-Par | 62149 | Comm | CT | Community Health Network of Connecticut (please note that this payer cannot accept anesthesia claims electronically. For information on sending these claims, please contact LeAnn Olson, Director of Claims at 203-237-4000 x 3136) | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 90010 | Comm | | Community Health Plan (located in St. Joseph, MO. Service Area includes NW Missouri, NE Kansas, SW Iowa, SE Nebraska) | | | Yes | | Payer Claim Status | |
| | Par | CMGWV | Comm | CA | Community Medical Group of the West Valley | | | | | Payer Claim Status - Responses could take up to 10 busin | |
| | Non-Par | 32481 | Comm | | Community Premier Plus (for Neighborhood Health Providers) | | | Yes | | Payer Acknowledgment | |
| | Non-Par | BS060 | Govn't | SC | Companion Healthcare | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 34177 | Comm | | Compensation Programs Of Ohio, Inc. | | | | | Payer Acknowledgment | |
| N 03/01/07 | Non-Par | 93101 | Comm | OR | Complementary HealthCare Plans | | | | | Payer Claims Status | |
| N 03/01/07 | Non-Par | 93101 | Comm | WA | Complementary HealthCare Plans | | | | | Payer Claims Status | |
| | Non-Par | 03036 | Comm | VT | Comprehensive Benefits Administrator, Inc. | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | CCMC1 | Comm | NY | Comprehensive Care Management Corp | | | | | Payer Claim Status | |
| | Par | 06105 | Comm | | Connecticare, Inc. | | | | | Payer Claims Status | |
| | Non-Par | BS143 | Govn't | CT | Connecticut BlueCare | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | BS243 | Govn't | CT | Connecticut BlueCare Family Plan | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | | Connecticut General Life Insurance | | | Yes | | Payer Claim Status | |
| | Non-Par | 63208 | Comm | | Connecticut PRI | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37135 | Comm | | Consociate Group | | | Yes | | Payer Claim Status | |
| | Non-Par | 75284 | Comm | | Consolidated Associates Railroad | | | | | Payer Claims Status | |
| | Par | 04274 | Comm | | Consolidated Group/HPS | | | | | MedAvant Acknowledgment | |
| | Non-Par | 71404 | Comm | | Continental General Insurance Company | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 55544 | Comm | | Conversion Plan APWU | | | Yes | | Payer Claim Status | |
| | Non-Par | 52132 | Comm | | Cooperative Benefit Administrators (CBA) | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 58204 | Comm | | Coordinated Medical Specialists | | | Yes | | Payer Claim Status | |
| | Non-Par | 58231 | Comm | | Core Management Resources Group, Inc. (located in Macon, GA) | | | Yes | | MedAvant Acknowledgment | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|---|-------------------------|---------------------|--------------------|---------------------------|-----------------------------------|---------------|
| | Non-Par | 75136 | Comm | AR | CoreSource Little Rock [For claims where the 'submit claims to address' on the medical ID care is an address in Little Rock, AR. For assistance, call (800) 689-0106.] | | | | | Payer Acknowledgment | |
| | Non-Par | 41045 | Comm | | CoreSource Of AZ, MN [Only for claims where the "submit claims to address" on the medical ID card is a CoreSource address in the state of AZ or MN. For assistance, call (800) 689-0106.] | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 35182 | Comm | | CoreSource Of IL, MD, PA | | | Yes | | Payer Claim Status | |
| | Non-Par | 35180 | Comm | NC | Coresource Of North Carolina | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 35183 | Comm | OH | CoreSource Of Ohio [Only for claims where the "submit claims to address" on the medical ID card is a CoreSource address in the state of OH. For assistance, call (800) 689-0106.] | | | Yes | | Payer Claim Status | |
| | Non-Par | 35202 | Comm | IN | CornerStone Benefit Administrators | | | | | Payer Claim Status | |
| | Non-Par | 41124 | Comm | | Corporate Benefit Services of America/ CBSA | | | | | Payer Claim Status | |
| | Non-Par | 56116 | Comm | | Corporate Benefits Services, Inc. | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 37246 | Comm | | Corporate Systems Administration | | | Yes | | Payer Claim Status | |
| | Non-Par | 43160 | Comm | | Correctional Medical Services, Inc. | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 62553 | Comm | | Country Life Insurance Company | | | Yes | | Payer Claim Status | |
| | Non-Par | 58102 | Comm | | Covenant Administrators, Inc. | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 25130 | Comm | DE | Coventry Health Care of Delaware, Inc. | | | Yes | | Payer Claim Status | |
| | Non-Par | 25127 | Comm | GA | Coventry Health Care of Georgia, Inc. | | | Yes | | Payer Claim Status | |
| | Non-Par | 25131 | Comm | IN | Coventry Health Care of Indiana, Inc. | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 25132 | Comm | IA | Coventry Health Care of Iowa, Inc. | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 25133 | Comm | KS | Coventry Health Care of Kansas, Inc. - Kansas City | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 25135 | Comm | LA | Coventry Health Care of Louisiana, Inc. | | | Yes | | Payer Claim Status | |
| | Non-Par | 25136 | Comm | NE | Coventry Health Care of Nebraska, Inc. | | | Yes | | Payer Claim Status | |
| | Non-Par | 25129 | Comm | | Coventry Health Care of the Carolinas | | No | Yes | | Payer Acknowledgment | |
| N 06/29/07 | Non-Par | 00019 | Comm | | Cox Health System | | | | | Payer Acknowledgment | |
| | Non-Par | 64068 | Comm | | Creative Medical Systems | | | Yes | | Payer Acknowledgment | |
| | Non-Par | CUN99 | Comm | | CUNA Mutual | | | | | MedAvant Acknowledgment | |
| | Par | 39170 | Comm | | Custom Benefit Administrators | | | | | Payer Acknowledgment | |
| | Non-Par | DEW99 | Comm | | D. Edward Wright | | | | | MedAvant Acknowledgment | |
| | Par | DAK01 | Comm | SD | DakotaCare | Yes | | | Authorization | Payer Claim Status | |
| | Non-Par | 95740 | Comm | | DC HealthCare Alliance | | | | | Payer Claim Status | |
| | Non-Par | 39113 | Comm | WI | Dean Health Plan | Yes | | | Enrl, Auth | MedAvant Acknowledgment | |
| | Par | 64159 | Comm | | Definity Health | | | | | Payer Claim Status | |
| | Non-Par | 25137 | Comm | | Delaware Care | | | Yes | | Payer Acknowledgment | |
| C 03/20/07 | Par | 27009 | Govn't | | Delaware Physicians Care - Medicaid | Yes | | | | Payer Claim Status - Rejects Only | |
| C 04/04/07 | Par | SB691 | Govn't | MD | Delmarva Health Plan - Carefirst | Yes | | Yes | | Payer Acknowledgment | |
| | Par | DHS01 | Comm | CA | Delta Health Systems | | | | | Payer Claim Status | |
| | Non-Par | HM022 | Comm | CA | Delta Health Systems - Gallo (Encounters Only) | | | | Authorization | Payer Claim Status | |
| | Non-Par | HM023 | Comm | CA | Delta Health Systems - Gallo Union (Encounters Only) | | | | Authorization | Payer Claim Status | |
| | Non-Par | HM021 | Comm | CA | Delta Health Systems - Memorial (Encounters Only) | | | | Authorization | Payer Claim Status | |
| | Par | AMS01 | Comm | MI | Dentemax | | | | | MedAvant Acknowledgment | |
| | Par | AMS01 | Comm | MI | Dentemax/DPI (MI) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 84133 | Comm | | Denver Health and Hospital Auth | | | Yes | | Payer Claim Status | |
| | Non-Par | 84135 | Comm | | Denver Health Medical Plan | | | Yes | | Payer Claim Status | |
| N 03/14/07 | Non-Par | 77044 | Comm | WA | Department of Labor | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | SX105 | Comm | | Deseret Mutual - (Enrollment required, please contact DMBA to enroll and obtain a provider id 800-777-3622 ask for provider maintenance) | Yes | | | Authorization | Payer Claims Status | |
| | Non-Par | IP121 | Comm | CA | Desert Medical Group | | | | | MedAvant Acknowledgment | |
| | Non-Par | IP114 | Comm | CA | Desert Medical Group - Oasis | | | | | MedAvant Acknowledgment | |
| | Non-Par | MDL99 | Comm | MI | Detroit Laborers (Metropolitan) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 23706 | Comm | | Director's Guild of America - Producer Health Plans | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 37292 | Comm | | District No 9 | | | | | MedAvant Acknowledgment | |
| | Non-Par | 25160 | Comm | | Diversified Group Administrators, Inc. | | | | | Payer Claim Status | |
| | Non-Par | 06102 | Comm | CT | Diversified Group Brokerage (Marlb, CT) | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 06102 | Comm | | Diversified Group Brokerage/Healthplan Services | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | MR032 | Govn't | AL | DMERC - Alabama (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | AK | DMERC - Alaska (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | AZ | DMERC - Arizona (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|-----------------|-------------|------------------------|----|---|-------------------------------|---------------------------|-----------------------|------------------------------|---------------------------|------------------|
| | Non-Par | MR032 | Govn't | AR | DMERC - Arkansas (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | CA | DMERC - California (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR032 | Govn't | CO | DMERC - Colorado (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR030 | Govn't | CT | DMERC - Connecticut (Jurisdiction A) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR030 | Govn't | DE | DMERC - Delaware (Jurisdiction A) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR032 | Govn't | FL | DMERC - Florida (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR032 | Govn't | GA | DMERC - Georgia (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | GU | DMERC - Guam (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | HI | DMERC - Hawaii (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | ID | DMERC - Idaho (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR031 | Govn't | IL | DMERC - Illinois (Jurisdiction B) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR031 | Govn't | IN | DMERC - Indiana (Jurisdiction B) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | IA | DMERC - Iowa (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | KS | DMERC - Kansas (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| C 05/15/07 | Non-Par | MR031 | Govn't | KY | DMERC - Kentucky (Jurisdiction B) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR032 | Govn't | LA | DMERC - Louisiana (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR030 | Govn't | ME | DMERC - Maine (Jurisdiction A) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| C 05/15/07 | Non-Par | MR030 | Govn't | MD | DMERC - Maryland (Jurisdiction A) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR030 | Govn't | MA | DMERC - Massachusetts (Jurisdiction A) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR031 | Govn't | MI | DMERC - Michigan (Jurisdiction B) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR031 | Govn't | MN | DMERC - Minnesota (Jurisdiction B) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR032 | Govn't | MS | DMERC - Mississippi (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | MO | DMERC - Missouri (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | MT | DMERC - Montana (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | NE | DMERC - Nebraska (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | NV | DMERC - Nevada (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR030 | Govn't | NH | DMERC - New Hampshire (Jurisdiction A) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR030 | Govn't | NJ | DMERC - New Jersey (Jurisdiction A) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR032 | Govn't | NM | DMERC - New Mexico (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR030 | Govn't | NY | DMERC - New York (Jurisdiction A) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR032 | Govn't | NC | DMERC - North Carolina (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | ND | DMERC - North Dakota (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR031 | Govn't | OH | DMERC - Ohio (Jurisdiction B) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR032 | Govn't | OK | DMERC - Oklahoma (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | OR | DMERC - Oregon (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR030 | Govn't | PA | DMERC - Pennsylvania (Jurisdiction A) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR032 | Govn't | PR | DMERC - Puerto Rico (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR030 | Govn't | RI | DMERC - Rhode Island (Jurisdiction A) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR032 | Govn't | SC | DMERC - South Carolina (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | SD | DMERC - South Dakota (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR032 | Govn't | TN | DMERC - Tennessee (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR032 | Govn't | TX | DMERC - Texas (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | UT | DMERC - Utah (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR030 | Govn't | VT | DMERC - Vermont (Jurisdiction A) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR032 | Govn't | VI | DMERC - Virgin Islands (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR032 | Govn't | VA | DMERC - Virginia (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | WA | DMERC - Washington (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| C 05/15/07 | Non-Par | MR030 | Govn't | DC | DMERC - Washington DC (Jurisdiction A) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR032 | Govn't | WV | DMERC - West Virginia (Jurisdiction C) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR031 | Govn't | WI | DMERC - Wisconsin (Jurisdiction B) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR024 | Govn't | WY | DMERC - Wyoming (Jurisdiction D) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 37231 | Comm | | Doctor and Patient (medical claims only, no work comp claims) | | | | | MedAvant Acknowledgment | |
| | Non-Par | IP116 | Comm | CA | Downey Select IPA (Applecare Medical Management) | | | | | MedAvant Acknowledgment | |
| | Par | 74284 | Comm | | Driscoll Children's Health Plan | | | | | Payer Claims Status | |
| | Par | DCHCH | Comm | | Driscoll Children's Health Plan - CHIP | | | | | Payer Claim Status | |
| | Par | 34108 | Comm | | E. S. Beveridge & Associates | | | | | Payer Claims Status | |
| | Non-Par | 75232 | Comm | | E3 Health Inc. | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 65009 | Comm | | eAppeal Solutions | | No | | | Payer Acknowledgment | |
| N 04/11/07 | Non-Par | 36434 | Comm | | Early Intervention Central Billing Office | | | | | Payer Claim Status | |
| N 04/13/07 | Non-Par | CMSI1 | Comm | | Eastland Medical Group | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 62308 | Comm | OH | Eaton Benefits, OH | | | Yes | | Payer Claim Status | |
| | Non-Par | TTCEC | Comm | TX | EBA - City of San Antonio | | | Yes | | Payer Claim Status | |
| | Non-Par | CX025 | Comm | | EBMC | | | | | Payer Claim Status | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|-----------------|-------------|------------------------|-----|--|-------------------------------|---------------------------|-----------------------|------------------------------|-----------------------------------|------------------|
| | Non-Par | SX182 | Comm | | EBMS - Employee Benefit Management Services, Inc. | | | | | Payer Claim Status | |
| N 01/31/07 | Non-Par | 75277 | Comm | | eComm PPO | | | | | Payer Claim Status | |
| | Non-Par | SX110 | Comm | | Educators Mutual Insurance Assoc - (Enrollment required, please contact EMIA to enroll and obtain a provider id 800-662-5851 ext 2977) | Yes | | | Enrl., Auth. | Payer Claims Status | |
| | Non-Par | 52192 | Comm | MD | Elder Health Maryland HMO, Inc. | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 31625 | Comm | | ElderPlan, Inc. | Yes | | Yes | | Payer Claims Status | |
| | Non-Par | 75260 | Comm | | Electronic Transmission Corp. | | No | | | Payer Acknowledgment | |
| | Non-Par | 37253 | Comm | | ELMCO | | | | | Payer Acknowledgment | |
| | Par | 34167 | Comm | | Emerald Health Network | | | | | MedAvant Acknowledgment | |
| | Non-Par | 73288 | Comm | | EMPHESYS | | | | | Payer Claim Status - Rejects Only | |
| | Non-Par | IP115 | Comm | CA | Empire Medical Group | | | | | MedAvant Acknowledgment | |
| | Par | IP079 | Comm | CA | Empire Physicians Medical Group - EPMG | | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | Empire Plan- United Healthcare | Yes | | | | Payer Claim Status | |
| | Non-Par | 38241 | Comm | | Employee Benefit Concepts | | | Yes | | Payer Claim Status | |
| | Non-Par | CX025 | Comm | | Employee Benefit Management Corp. | | | | | Payer Claim Status | |
| | Non-Par | 81039 | Comm | | Employee Benefit Management Svcs., Inc. (EBMS) | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 03036 | Comm | VT | Employee Benefit Plan Administration (E.B.P.A.) | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 37216 | Comm | | Employee Benefit Services | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 41198 | Comm | LA | Employee Benefit Services of LA, Inc. (EBS) | | | Yes | | Payer Claim Status | |
| | Non-Par | 37257 | Comm | | Employee Benefits Consultants | | | | | Payer Acknowledgment | |
| | Non-Par | 75184 | Comm | TX | Employee Claim Adjudication Services | | | | | Payer Claim Status | |
| | Non-Par | 35112 | Comm | | Employee Plans, LLC | | | Yes | | Payer Claim Status | |
| | Non-Par | MSI01 | Comm | | Employers Coalition on Health (ECOH) | | | | | Payer Acknowledgment | |
| | Non-Par | 75236 | Comm | | Employers Direct Health - Employee Plan | | | Yes | | Payer Claim Status | |
| | Non-Par | 75235 | Comm | | Employers Direct Health - FL | | | Yes | | Payer Claims Status | |
| | Non-Par | MSI01 | Comm | | Employers Health Cooperative (EHC) | | | | | Payer Acknowledgment | |
| | Non-Par | 73288 | Comm | | Employers Health Insurance | | | | | Payer Claim Status - Rejects Only | |
| | Non-Par | 59298 | Comm | FL | Employer's Mutual Inc. | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 75233 | Comm | | Emplyers Direct Health - SF | | | Yes | | Payer Claims Status | |
| | Non-Par | 37110 | Comm | | Encompass | | | | | MedAvant Acknowledgment | |
| | Non-Par | GTPA1 | Comm | | Encore Encore | | | Yes | | Payer Claim Status | |
| | Non-Par | 36364 | Comm | | ENH Medical Group IPA | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 91136 | Comm | | Enstar Natural Gas, Grp P61 (MUST HAVE GRP# ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Non-Par | EPOTX | Comm | | EPO CHIP/ Managed Care | | | | | Payer Claim Status | |
| | Non-Par | 28777 | Comm | | EPOCH Group, The | | | | | MedAvant Acknowledgment | |
| | Non-Par | 62308 | Comm | | Equicor | | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | | Equicor - PPO | | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | | Equicor Insurance/ Equitable Insurance | | | Yes | | Payer Claim Status | |
| | Non-Par | 73126 | Comm | | Equitable Plan Services | | | | | Payer Acknowledgment | |
| | Non-Par | 23250 | Comm | | Erin Group Administrators | | | Yes | | Payer Claim Status | |
| | Non-Par | 58233 | Comm | | Evergreen Health Plan | | | Yes | | Payer Claim Status | |
| | Par | IP080 | Comm | CA | Exceptional Care Medical | | | | | Payer Claim Status | |
| C 04/25/07 | Par | 71412 | Comm | | Exclusicare | | | | | Payer Acknowledgment | |
| | Non-Par | BVES1 | Comm | AZ | Eye Specialists Of Arizona | | | | | Payer Claim Status | |
| | Non-Par | 37300 | Comm | | FACS Group | | | | | MedAvant Acknowledgment | |
| | Par | 22254 | Comm | | Fallon Community Health | Yes | | Yes | | MedAvant Acknowledgment | |
| | Par | IP017 | Comm | CA | Family / Seniors Medical Group, Inc. (Labs Only) - IPA | | | | Authorization | Payer Claim Status | |
| | Par | IP080 | Comm | CA | Family Choice Medical | | | | | Payer Claim Status | |
| | Par | IP080 | Comm | CA | Family Health Alliance | | | | | Payer Claim Status | |
| | Par | AMS01 | Comm | WI | Family Health Network | | | | | MedAvant Acknowledgment | |
| N 05/18/07 | Non-Par | 31472 | Comm | NWP | Family Health Partners - Healthwave | | | Yes | | Payer Claim Status | |
| | Non-Par | 43173 | Comm | MO | Family Health Partners/MC + Missouri | | | Yes | | Payer Claim Status | |
| | Non-Par | 96865 | Comm | OH | Family Health Plan [Contact Pam Campbell, Provider Relations at (419) 251-0474 to obtain provider ID.] | Yes | | Yes | | Payer Claim Status | |
| N 04/13/07 | Non-Par | 36396 | Comm | | Family Medical Network | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | FPA11 | Comm | | Family Practice Associates [Contact (713) 843-6780 to obtain Provider ID] | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 37289 | Comm | | FARA Benefit Services | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37289 | Comm | | FARA/ F.A. Richard & Associates , Inc. | | | | | MedAvant Acknowledgment | |
| | Non-Par | 14140 | Comm | NY | Farm Family | | | | | Payer Claim Status | |
| | Non-Par | 59069 | Comm | | FBMC | | | | | MedAvant Acknowledgment | |
| | Non-Par | 33033 | Comm | | FCE Benefit Administrators | | | Yes | | Payer Claim Status | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|---|-------------------------|---------------------|--------------------|---------------------------|---------------------------|---------------|
| | Non-Par | 37300 | Comm | | Federated Benefits | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37300 | Comm | | Federated HR Services/ FACS Group | | | | | MedAvant Acknowledgment | |
| | Non-Par | 41041 | Comm | MN | Federated Mutual Health Insurance Company | | No | Yes | | Payer Acknowledgment | |
| | Par | AMS01 | Comm | FL | FHC Super Select (FL) | | | | | MedAvant Acknowledgment | |
| | Non-Par | COFHP | Comm | CO | FHP of Colorado - HMO Claims Only | | | | | Payer Acknowledgment | |
| | Non-Par | 11315 | Comm | NY | Fidelis Care Of NY | | | Yes | | Payer Claim Status | |
| | Non-Par | FBI99 | Comm | | Fidelity Benefit Administrators | | | | | MedAvant Acknowledgment | Yes |
| | Par | FAMR1 | Comm | SD | First Administrators [Provider id and group id required on all claims. Non participating providers should put in "0000" as their provider id.] | Yes | | | | MedAvant Acknowledgment | |
| | Non-Par | 56196 | Comm | NC | First Carolina Care | | | Yes | | Payer Claim Status | |
| | Non-Par | 14162 | Comm | CT | First Choice (CT) | Yes | | Yes | | Payer Acknowledgment | |
| | Non-Par | 91131 | Comm | | First Choice Health Network | Yes | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 75138 | Comm | SD | First Choice of the Midwest - PPO | | | | | Payer Claims Status | |
| | Non-Par | 90061 | Comm | MO | First Guard Health Missouri | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 87043 | Comm | | First Health | | | Yes | | Payer Claim Status | |
| | Non-Par | 23241 | Comm | | First Priority Health | | No | Yes | | Payer Acknowledgment | |
| | Par | 59276 | Comm | | First Service Administrators, Inc a/k/a Florida First | | | | | Payer Claims Status | |
| | Non-Par | 94999 | Comm | TX | Firstcare "Star" Medicaid [Contact (800) 365-1051, ex. 6456 to obtain Provider ID.] | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 90060 | Comm | | FirstGuard Health Plan | | | Yes | | Payer Claim Status | |
| | Non-Par | 11244 | Comm | | Fitzharris & Company | | | | | Payer Acknowledgment | |
| | Par | 59276 | Comm | FL | Florida 1st - Winterhaven, FL | | | | | Payer Claims Status | |
| | Par | AMS01 | Comm | FL | Florida Health Choice (FL) | | | | | MedAvant Acknowledgment | |
| | Par | AMS01 | Comm | FL | Florida Health Choice/Select (FL) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 59321 | Comm | FL | Florida Hospital Healthcare Systems | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 48116 | Comm | FL | Florida Hospital Waterman Employee Benefit Plan | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 48117 | Comm | | FMH Benefit Services, Inc. | | | Yes | | Payer Claim Status | |
| | Par | 95964 | Comm | AZ | For payable PacifiCare/Secure Horizons HMO claims only. Not for PPO claims. For further questions, you may inquire via email at edioutreach@phs.com | | | | | Payer Claim Status | |
| | Non-Par | 37305 | Comm | | Ford Meter Box Company, The | | | | | MedAvant Acknowledgment | |
| | Non-Par | 87066 | Comm | | Formax Inc | | | Yes | | Payer Claim Status | |
| | Non-Par | 39065 | Comm | | Fortis Insurance Company (Now known as Time Insurance Company) | | | Yes | | Payer Claim Status | |
| | Par | FH001 | Comm | CA | Foundation Health | | | | Enrl., Auth. | Payer Claim Status | |
| | Par | FH002 | Comm | CA | Foundation Health - HMO | | | | Enrl., Auth. | Payer Claim Status | |
| | Par | FH002 | Comm | CA | Foundation Health Amerimed - HMO | | | | Enrl., Auth. | Payer Claim Status | |
| | Par | FH002 | Comm | CA | Foundation Health Amerimed Senior - HMO | | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 59257 | Comm | | Foundation Health Plan (Sunrise, FL) | | No | | | Payer Acknowledgment | |
| | Non-Par | 64067 | Comm | | Fox Everett-- Ingalls Ship Building | | No | | | Payer Acknowledgment | |
| | Non-Par | FVMCH | Comm | | Fox Valley Medicine Site 199 | | | Yes | | Payer Claim Status | |
| | Non-Par | FVMC1 | Comm | | Fox Valley Medicine Site 451 | | | Yes | | Payer Claim Status | |
| | Non-Par | 64069 | Comm | | Fox-Everett, Inc. | | | Yes | | MedAvant Acknowledgment | |
| N 03/14/07 | Non-Par | BS155 | Govn't | WV | Freedom Blue | | | | | MedAvant Acknowledgment | |
| | Non-Par | 62324 | Comm | | Freedom Life Insurance Co. | | | | | Payer Claim Status | |
| | Par | IP080 | Comm | CA | Freeman IPA | | | | | Payer Claim Status | |
| | Non-Par | 59204 | Comm | FL | Fringe Benefit Coordinators | | | | | Payer Claim Status | |
| N 01/24/07 | Non-Par | 34171 | Comm | | Frontpath Health Coalition | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 37283 | Comm | | Gallagher Benefit Administrators, Inc./GBA | | | Yes | | Payer Claims Status | |
| | Non-Par | 30005 | Comm | | Galveston County Indigent Health | | | Yes | | Payer Claim Status | |
| | Non-Par | 25169 | Comm | | Gateway Health Plan | | | Yes | | MedAvant Acknowledgment | |
| N 04/13/07 | Non-Par | 76028 | Comm | | Gateway Health Plan of OH | | | | | MedAvant Acknowledgment | |
| | Non-Par | 59041 | Comm | | Ge Voluntary Benefits | | | Yes | | Payer Claim Status | |
| | Non-Par | 67815 | Comm | | GEGLAC - Group Life Assurance Company | | | Yes | | Payer Claim Status | |
| | Non-Par | 44054 | Comm | | GEHA | | | Yes | | Payer Claim Status | |
| | Non-Par | 44054 | Comm | | GEHA Ins. No. 372 | | | Yes | | Payer Claim Status | |
| | Non-Par | 75273 | Comm | | Geisinger Health Plans [Payer requires Enrl., Auth.. Please contact the payer at (570) 271-8077.] | Yes | | Yes | Authorization | Payer Claim Status | |
| | Par | IP087 | Comm | CA | Genesis Healthcare (EMG) | | | | | Payer Claim Status | |
| | Non-Par | 06143 | Comm | SC | GENWORTH ADMINISTRATORS, INC., SOUTH CAROLINA | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 75238 | Comm | TX | GENWORTH ADMINISTRATORS, INC., TEXAS | | | Yes | | MedAvant Acknowledgment | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|--|-------------------------|---------------------|--------------------|---------------------------|---------------------------|---------------|
| | Par | 61271 | Comm | GA | Georgia Power Med. Benefits Pln (Hlth Care Srvc) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 13551 | Comm | NY | GHI - New York (Group Health, Inc.) | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 25531 | Comm | | GHI HMO | | | Yes | | Payer Claim Status | |
| | Non-Par | 58204 | Comm | | GI Innovative Management | | | Yes | | Payer Claim Status | |
| | Non-Par | 07205 | Comm | | Gilsbar, Inc. | | | Yes | | Payer Claim Status | |
| | Non-Par | 91136 | Comm | | Glassworkers Hlth & Welfare Fund, Grp F29 (MUST HAVE GRP# ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Non-Par | 07689 | Comm | GA | Global Care | | | | | Payer Claims Status | |
| | Par | 37602 | Comm | | Golden Rule Insurance Company | | | | | MedAvant Acknowledgment | |
| | Non-Par | GTPA1 | Comm | | Golden Triangle Physician Alliance [Contact (713) 843-6780 to obtain Provider ID] | Yes | | | | Payer Claim Status | |
| | Par | IP086 | Comm | CA | Good Samaritan Medical Practice Association (GSMPA) | | | | | Payer Claim Status | |
| | Par | 44054 | Comm | | Government Employees Hospital Association | | | Yes | | Payer Claim Status | |
| | Non-Par | 37234 | Comm | | Grant Physicians Practice Association | | | | | MedAvant Acknowledgment | |
| | Non-Par | GCU99 | Comm | | Graphic Communications Union Local 8-M & 96B Health & Welfare Fund | | | | | MedAvant Acknowledgment | |
| | Non-Par | 95467 | Comm | | Great Lakes Health Plan | | | Yes | | Payer Acknowledgment | |
| | Par | IP080 | Comm | CA | Greater L.A. Health | | | | | Payer Claim Status | |
| | Par | IP080 | Comm | CA | Greater San Gabriel | | | | | Payer Claim Status | |
| C 07/09/07 | Par | 80705 | Comm | MO | Great-West Healthcare (formerly Gencare Health -St. Louis / payer id 63665) | | | | | MedAvant Acknowledgment | |
| C 07/09/07 | Par | 80705 | Comm | MO | Great-West Healthcare (formerly Genelco - St. Louis Only / payer id 63665) | | | | | MedAvant Acknowledgment | |
| C 07/09/07 | Par | 80705 | Comm | | Great-West Healthcare (formerly General American Life / payer id 63665) | | | | | MedAvant Acknowledgment | |
| C 07/09/07 | Par | 80705 | Comm | MO | Great-West Healthcare (formerly General American Life Ins. Co. - Sanus, St. Louis / payer id 63665) | | | | | MedAvant Acknowledgment | |
| C 07/09/07 | Par | 80705 | Comm | | Great-West Healthcare (formerly General American - Sanus - East / payer id 63665) | | | | | MedAvant Acknowledgment | |
| C 07/09/07 | Par | 80705 | Comm | | Great-West Healthcare (formerly New England Financial/ payer id 66893) | | | | | MedAvant Acknowledgment | |
| C 07/09/07 | Par | 80705 | Comm | | Great-West Healthcare (formerly One Health Plan ---- Except CA, CO, GA, IL, or TX) | | | | | MedAvant Acknowledgment | |
| C 07/09/07 | Par | 80705 | Comm | CA | Great-West Healthcare (formerly One Health Plan of California, Inc./ payer id 95379) | | | | | MedAvant Acknowledgment | |
| | Par | 80705 | Comm | CO | Great-West Healthcare (formerly One Health Plan of Colorado, Inc. / payer id 95412) | | | | | MedAvant Acknowledgment | |
| C 07/09/07 | Par | 80705 | Comm | GA | Great-West Healthcare (formerly One Health Plan of Georgia, Inc / payer id 95569.) | | | | | MedAvant Acknowledgment | |
| | Par | 80705 | Comm | IL | Great-West Healthcare (formerly One Health Plan of Illinois, Inc. / payer id 95388) | | | | | MedAvant Acknowledgment | |
| | Par | 80705 | Comm | TX | Great-West Healthcare (formerly One Health Plan of Texas, Inc./ payer id 95415) | | | | | MedAvant Acknowledgment | |
| C 07/09/07 | Par | 80705 | Comm | MO | Great-West Healthcare (formerly Sanus HMO - St. Louis - General American / payer id 63665) | | | | | MedAvant Acknowledgment | |
| C 07/09/07 | Par | 80705 | Comm | | Great-West Healthcare (formerly Sanus PPO -General American - Sanus East / payer id 63665) | | | | | MedAvant Acknowledgment | |
| | Par | 80705 | Comm | | Great-West Healthcare/ First Great West Life & Annuity Ins. Co. | | | | | MedAvant Acknowledgment | |
| | Non-Par | GASA1 | Comm | | Group Admin Self-Funded Alternative | | | | | Payer Claim Status | |
| | Non-Par | 36338 | Comm | | Group Administrators Ltd. | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 48143 | Comm | | Group and Pension Administrators (Group # required on all claims) | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 72153 | Comm | | Group Benefit Administrators | | | | | Payer Acknowledgment | |
| | Non-Par | 72087 | Comm | LA | Group Benefits - Louisiana | | | | | Payer Claim Status | |
| | Non-Par | 91121 | Comm | WA | Group Health Cooperative - East [Please call (888) 767-4670 prior to first submission of production claims. All GHC products, including Options, Alliant, Medicare +Choice and Healthy Options can be submitted electronically.] | | No | Yes | | Payer Acknowledgment | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|--|-------------------------|---------------------|--------------------|---------------------------|-----------------------------------|---------------|
| | Non-Par | 91051 | Comm | WA | Group Health Cooperative - West [Please call (888) 767-4670 prior to first submission of production claims. All GHC products, including Options, Alliant, Medicare +Choice and Healthy Options can be submitted electronically.] | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 39167 | Comm | WI | Group Health Cooperative of South Central Wisconsin | | | Yes | | Payer Claim Status | |
| | Non-Par | 39168 | Comm | WI | Group Health Cooperative of South Central Wisconsin | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 38194 | Comm | | Group Health Managers | | | Yes | | Payer Claim Status | |
| | Non-Par | 25141 | Comm | MO | Group Health Plan | | | | Authorization | Payer Claim Status | |
| | Non-Par | 13551 | Comm | NY | Group Health, Inc. (GHI) | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 37276 | Comm | | Group Insurance Service Center, Inc. (GISC) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 64246 | Comm | | Guardian Life Insurance Company Of America (The Guardian) | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 39180 | Comm | | Gundersen Lutheran Health Plan Inc. (Providers must first call 608-775-8026 prior to first electronic submission of claims) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37114 | Comm | | H.E.R.E.I.U. Welfare Pension Plan Funds | | | | | MedAvant Acknowledgment | |
| | Par | 38224 | Comm | MI | HAP/AHL/Curanet | | | | | Payer Claim Status | |
| | Non-Par | 36406 | Comm | | Harmony Health Plan Of Illinois | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 36405 | Comm | IN | Harmony Health Plan of Indiana (ONLY CLAIMS FOR INDIANA HOOSIER HEALTHWISE MEMBERS can be sent to this payer electronically) | | No | Yes | | Payer Acknowledgment | |
| C 06/15/07 | Non-Par | 95266 | Comm | | Harrington Benefit Services, Inc. | | | | | MedAvant Acknowledgment | |
| C 06/15/07 | Non-Par | 75196 | Comm | TX | Harrington Benefit Services, Inc. - Centra | | | | | MedAvant Acknowledgment | |
| C 06/15/07 | Non-Par | 59142 | Comm | OK | Harrington Benefit Services, Inc. - Oklahoma | | | | | MedAvant Acknowledgment | |
| | Non-Par | 04271 | Comm | | Harvard Pilgrim Health Plan | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 86068 | Comm | IA | Hawki | Yes | | | | Payer Acknowledgment | |
| | Non-Par | 37111 | Comm | | HCH Administration | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37329 | Comm | | HCHA Albuquerque Self Funded | | | | | MedAvant Acknowledgment | |
| | Non-Par | 34654 | Comm | OH | Health & Welfare fund of the Plumbers & Pipefitters Local Union No 396 | | | | | MedAvant Acknowledgment | |
| | Non-Par | 34185 | Comm | | Health Administration Service | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 77950 | Comm | | Health Alliance Medical Plan | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 25126 | Comm | | Health America, Inc./ Health Assurance/ Advantra | | | Yes | | Payer Claim Status | |
| | Non-Par | 25126 | Comm | | Health Assurance/ Health America, Inc./ Advantra | | | Yes | | Payer Claim Status | |
| | Non-Par | 42102 | Comm | | Health Care Network | | | Yes | | Payer Claim Status | |
| | Non-Par | 56142 | Comm | | Health Care Savings | | | Yes | | Payer Claim Status | |
| | Par | 61271 | Comm | GA | Health Care Services, Georgia Power | | | | | MedAvant Acknowledgment | |
| | Non-Par | 82018 | Comm | | Health Claims Service | | | | | Payer Acknowledgment | |
| | Par | 34158 | Comm | OH | Health Design Plus (Hudson, Ohio) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 16120 | Comm | | Health EZ | | | | | MedAvant Acknowledgment | |
| | Non-Par | 95019 | Comm | FL | Health First Health Plan | | | | | Payer Claim Status | |
| | Non-Par | 59087 | Comm | | Health Help Network Inc. (HHNI) | | No | Yes | | Payer Acknowledgment | |
| | Par | 95567 | Comm | CA | Health Net (Claims Only) | | | | | Payer Claim Status | |
| | Non-Par | 95567 | Comm | CA | Health Net (Claims Only) | | | | | Payer Claim Status | |
| | Par | HM001 | Comm | CA | Health Net (Encounters Only) | | | | Enrl., Auth. | Payer Claim Status | |
| | Par | 38309 | Comm | AZ | Health Net of Arizona | | | | | Payer Acknowledgment | |
| | Non-Par | 38309 | Comm | AZ | Health Net of Arizona | | | | | Payer Acknowledgment | |
| | Par | 06108 | Comm | | Health Net of the Northeast (Please call the EDI Team at 866-334-4638 to verify Provider ID) | Yes | | | | Payer Claim Status | |
| N 06/15/07 | Non-Par | SX815 | Comm | | Health Net Pearl | | | | | MedAvant Acknowledgment | |
| | Par | AMS01 | Comm | TN | Health Net Plus (TN) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 20199 | Comm | | Health Network America | | | Yes | | Payer Claim Status | |
| C 05/02/07 | Non-Par | 04286 | Comm | | Health New England | | | | | Payer Claims Status | |
| | Non-Par | BS022 | Govn't | FL | Health Options, Inc. | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | 62157 | Comm | TN | Health Partners (Tennessee) | | | Yes | | Payer Claim Status | |
| | Non-Par | 80142 | Comm | PA | Health Partners Of Philadelphia | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 83253 | Comm | MI | Health Plan of Michigan - HMO for Medicaid | Yes | | Yes | | Payer Claims Status | |
| N 03/01/07 | Non-Par | 68035 | Comm | | Health Plan of San Joaquin | | | Yes | | Payer Acknowledgment | |
| | Non-Par | HPSM1 | Comm | | Health Plan of San Mateo | | | | | MedAvant Acknowledgment | |
| | Non-Par | 94254 | Comm | CA | Health Plan of the Redwoods (Medprime) | | | Yes | | Payer Claim Status | |
| | Non-Par | HP001 | Comm | OH | Health Plan of Upper Ohio Valley | Yes | | | | Payer Acknowledgment | |
| | Par | 59140 | Comm | | Health Plan Services | | | | | MedAvant Acknowledgment | |
| | Non-Par | 44273 | Comm | | Health Plans, Inc. | | No | Yes | | Payer Acknowledgment | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|---|-------------------------|---------------------|--------------------|---------------------------|---------------------------|---------------|
| | Non-Par | 95435 | Comm | | Health Pledge HMO | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 11324 | Comm | | Health Plus PHSP | | | Yes | | Payer Claims Status | |
| | Non-Par | 41170 | Comm | | Health Risk Management | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | HSM01 | Comm | | Health Service Management | | | | | Payer Claim Status | |
| | Par | HT001 | Comm | | Health Spring Inc | Yes | | | Authorization | Payer Claim Status | |
| | Non-Par | 36332 | Comm | | Health Star | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | IP102 | Comm | CA | Healthcare Partners | | | | | MedAvant Acknowledgment | |
| | Non-Par | 11328 | Comm | NY | HealthCare Partners IPA (Formerly Heritage NY Medical Group) | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 90001 | Comm | | Healthcare Plan PPO (Contact payer at 800-435-7441) | | No | | | Payer Acknowledgment | |
| | Par | AMS01 | Comm | IA | Healthcare Preferred (IA) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 82468 | Comm | | Healthcare Resource Group (HRG) | | | | | Payer Claim Status | |
| C 03/20/07 | Non-Par | 31147 | Comm | OH | Healthcare Transaction Processing | | | Yes | | Payer Claim Status | |
| C 03/01/07 | Non-Par | 25143 | Comm | | HealthCare USA | | | | | Payer Claim Status | |
| | Par | 36335 | Comm | | Healthcare's Finest Network | | | | | Payer Claim Status | |
| | Non-Par | 95376 | Comm | CT | HealthChoice of Connecticut | | No | | | Payer Acknowledgment | |
| | Non-Par | 62168 | Comm | TN | HealthChoice of Memphis | | No | Yes | | Payer Acknowledgment | |
| | Par | HCOMP | Comm | CA | HealthComp | | | | | MedAvant Acknowledgment | |
| | Non-Par | 59608 | Comm | FL | Healthease | Yes | | Yes | | Payer Acknowledgment | |
| | Non-Par | HCPMC | Govn't | TX | HealthFirst (Medicare) | | No | | | Payer Acknowledgment | |
| | Non-Par | 75234 | Comm | TX | Healthfirst Tyler, TX | | | | | Payer Acknowledgment | |
| | Non-Par | 80141 | Comm | NY | Healthfirst, Inc. (please contact the payer prior to submitting claims to verify provider id, 212-801-6078) | Yes | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 23226 | Comm | | HealthGuard of Lancaster | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 96475 | Comm | | Healthlink HMO (Contact payer at 800-435-7441) | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 90001 | Comm | | Healthlink PPO (Please call provider relations dept @ 800-624-2356 for unique provider id) | Yes | No | | | Payer Acknowledgment | |
| | Non-Par | 55204 | Comm | NY | HealthNow New York | Yes | | | Enrl., Auth. | Payer Acknowledgment | |
| | Non-Par | 94267 | Comm | MN | Healthpartners | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 95009 | Comm | LA | HealthPlus of Louisiana | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Par | 68195 | Comm | | Healthpoint Corp. | | | Yes | | Payer Claim Status | |
| | Non-Par | 71063 | Comm | AR | HealthSCOPE Benefits, Inc. | | | Yes | | Payer Claim Status | |
| | Non-Par | HSPC1 | Comm | | HealthSmart Preferred Care | | | | | Payer Claim Status | |
| | Non-Par | 75250 | Comm | | Healthsmart Preferred Care, Inc. | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 62308 | Comm | AR | Healthsource - AR | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | AR | Healthsource - AR (Medicare HMO) | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | IN | Healthsource - IN | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | KY | Healthsource - KY | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | MA | Healthsource - MA | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | ME | Healthsource - ME | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | NC | Healthsource - NC | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | NH | Healthsource - NH | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | TX | Healthsource - North TX | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | OH | Healthsource - OH | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | SC | Healthsource - SC | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | TN | Healthsource - Tennessee | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 31141 | Comm | | Healthsource of Ohio | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 62308 | Comm | | Healthsource Provident Administrators | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | | Healthsource Provident Ins. Co. | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | | Comm | | HealthSource/ Hudson Health Plan { Provider Enrl., Auth. required by payer. Please contact Sam Gutwilig @ 914-372-2291 to enroll and obtain provider id} | Yes | | | | Payer Acknowledgment | |
| | Non-Par | 63086 | Comm | | HealthSouth Medical Plan Administrators | | No | | | Payer Acknowledgment | |
| | Non-Par | 25193 | Comm | | Healthspring HMO/ Medicare + Choice | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 36332 | Comm | | Healthstar, Inc. (Preferred Care Network/PCN) | | | Yes | | MedAvant Acknowledgment | |
| C 01/19/07 | Non-Par | 58213 | Comm | | Healthways WholeHealth Network | | | | | Payer Acknowledgment | |
| | Non-Par | HGL99 | Comm | | Heavy & General Laborers Welfare Fund | | | | | MedAvant Acknowledgment | |
| | Non-Par | 22148 | Comm | | Heavy and General Labors Fund of New Jersey | | | Yes | | Payer Claim Status | |
| | Par | 00243 | Comm | MD | Helix Family Choice | Yes | | | Authorization | Payer Claim Status | Yes |
| | Non-Par | 59230 | Comm | | Heritage Consultants | | | Yes | | Payer Claim Status | |
| | Non-Par | HPN11 | Comm | | Heritage Physican Network (HPN) (Providers must email provider relations (pr@hhsi.com) to get their unique 5 digit provider id. This provider id is required on all claims) | Yes | | Yes | | Payer Claim Status | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|-----------------|-------------|---------------------------|----|---|-------------------------------|---------------------------|-----------------------|------------------------------|-----------------------------------|------------------|
| | Par | 36335 | Comm | | HFN, Inc. | | | | | Payer Claim Status | |
| | Non-Par | HERZ0 | Comm | CA | High Desert Medical Group | | | | Authorization | Payer Claim Status | |
| | Non-Par | IP125 | Comm | CA | High Desert Medical Group (Regal Medical Group) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 33069 | Comm | | High Desert Primary Care | | | Yes | | MedAvant Acknowledgment | |
| | Par | | Comm | CA | Hill Physicians - San Joaquin Delta IPA Provider ONLY [Providers should call the Hill Physicians representative at (925) 362-6259 for information to get setup to submit EDI claims and to obtain the payer ID.] | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Par | | Comm | CA | Hill Physicians Medical Group [Providers should call the Hill Physicians representative at (925) 362-6259 for information to get setup to submit EDI claims and to obtain the payer ID.] | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 59347 | Comm | | Hillcrest Benefit Administrators | | | | | Payer Claim Status | |
| | Non-Par | 37323 | Comm | | HM Life Insurance Company | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | HMA01 | Comm | | HMA - Health Management Administrators | | | | | Payer Claim Status | |
| C 04/16/07 | Non-Par | 86066 | Comm | AZ | HMA Inc. | Yes | | | | Payer Claim Status | |
| C 04/16/07 | Non-Par | 86066 | Comm | HI | HMA Inc. | Yes | | | | Payer Claim Status | |
| C 04/16/07 | Non-Par | 86066 | Comm | NV | HMA Inc. | Yes | | | | Payer Claim Status | |
| | Non-Par | 48330 | Comm | HI | HMAA - (Hawaii Management Alliance Associate) | | | | | Payer Claim Status | |
| | Non-Par | HM033 | Comm | TX | HMO Blue - MediCaid | | | Yes | Authorization | Payer Claim Status | |
| | Non-Par | 84980 | Comm | TX | HMO Blue Shield (non-MediCaid) | | | Yes | | Payer Claim Status | |
| | Non-Par | COHMO | Comm | CO | HMO of Colorado (HMOC) | | | | | Payer Acknowledgment | |
| | Par | IP080 | Comm | CA | Hollywood Presbyterian | | | | | Payer Claim Status | |
| | Par | AMS01 | Comm | WI | Homestead CHP/S | | | | | MedAvant Acknowledgment | |
| N 01/24/07 | Non-Par | 88023 | Comm | | Hometown Health Plan of Nevada | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 22304 | Comm | | Horizon Healthcare Admin. (HHA) | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 22099 | Comm | NJ | Horizon Healthcare of NJ | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 22326 | Comm | NJ | Horizon Mercy | Yes | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 91136 | Comm | | Hotel Employees & Restaurant Employees Hlth Trust, Grp# F19 (MUST HAVE GRP# ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Non-Par | 94254 | Comm | | HPR | | | Yes | | Payer Claim Status | |
| | Non-Par | 58227 | Comm | | HPS Paradigm, Inc. | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 41170 | Comm | | HRM Claim Management | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 82018 | Comm | ID | HSC - Health Claim Service (Boise ID) | | | | | Payer Acknowledgment | |
| | Non-Par | 61102 | Comm | | Humana - Encounters only | | | Yes | | Payer Claim Status - Rejects Only | |
| | Non-Par | 95348 | Comm | | Humana Health Plans Of Ohio (formerly Choice Care) | | | | | Payer Claim Status - Rejects Only | |
| | Non-Par | 61101 | Comm | | Humana, Inc | | | Yes | | Payer Claim Status - Rejects Only | |
| | Non-Par | 61101 | Comm | | Humana, Inc ERA | Yes | | | Authorization | | |
| | Non-Par | 61101 | Comm | | Humana-Louisiana (Ochsner Providers please use payer id 61101 if you have Claims with Dates of Service On or After 1/1/2005) | | | | | Payer Claim Status - Rejects Only | |
| | Non-Par | 37260 | Comm | | Hunt Insurance Group | | | | | MedAvant Acknowledgment | |
| | Par | IP080 | Comm | CA | Huntington Park Medical Group | | | | | Payer Claim Status | |
| | Par | IP080 | Comm | CA | Huntington Park Mission | | | | | Payer Claim Status | |
| | Non-Par | 22175 | Comm | | I.E. Shaffer | | | | | Payer Acknowledgment | |
| | Non-Par | IAT99 | Comm | | IATSE Atlanta Health & Welfare Fund | | | | | MedAvant Acknowledgment | |
| | Non-Par | 38234 | Comm | | IBA Self Funded Group | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 54704 | Govn't | PA | IBC Personal Choice | Yes | | Yes | Enrl, Auth | Payer Claim Status | |
| | Non-Par | IBE98 | Comm | | IBEW Local 38 | | | | | MedAvant Acknowledgment | |
| | Non-Par | IBE97 | Comm | | IBEW Local 481 | | | | | MedAvant Acknowledgment | |
| | Non-Par | 11695 | Comm | WI | iCARE (Independent Care Health Plan) | | | | | Payer Claim Status | |
| | Non-Par | 37296 | Comm | | ICM (Prism) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 75185 | Comm | | ICON Benefits Administrators | | | | | Payer Claim Status | |
| C 01/12/07 | Non-Par | SKID0 | Comm | ID | Idaho Medicaid | Yes | | | Enrl, Auth | MedAvant Acknowledgment | |
| | Non-Par | 86069 | Comm | IL | Illinois Health Solutions | Yes | | | | Payer Claim Status | |
| | Non-Par | 41600 | Comm | | IMCARE | | | Yes | | Payer Acknowledgment | |
| | Par | IP089 | Comm | CA | Imperial Valley Medical Group (IMPV) | | | | | Payer Claim Status | |
| | Non-Par | 86070 | Comm | NV | IMX EZ | Yes | | | | Payer Claim Status | |
| | Non-Par | 40585 | Comm | | INDECS Corporation | | | Yes | | Payer Claim Status | |
| N 04/13/07 | Non-Par | MHM01 | Comm | | Independence Medical Group | | | Yes | | MedAvant Acknowledgment | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|-----------------|-------------|------------------------|----|--|-------------------------------|---------------------------|-----------------------|------------------------------|-----------------------------------|------------------|
| | Non-Par | 30931 | Comm | | Independent Health - "Provider testing is required by payer but must be completed by sending production data to MedAvant. The provider must call IHA once they receive the first production claims so that they can review the test results. It is advised that the providers send claims that have already been paid until the payer approves them for production." Please contact Independent Health E-Commerce team at (716) 635-3911 for enrollment and testing before submitting claims in production | | No | | | Payer Acknowledgment | |
| | Non-Par | ICW99 | Comm | IN | Indiana Carpenters Welfare Fund | | | | | MedAvant Acknowledgment | |
| | Non-Par | 35204 | Comm | IN | Indiana Health Network | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 35161 | Comm | IN | Indiana ProHealth | | | | | MedAvant Acknowledgment | |
| | Non-Par | 31053 | Comm | | Individual Health Insurance Companies | | | Yes | | Payer Claim Status | |
| | Non-Par | 55247 | Comm | NY | Individual provider enrollment is required by HIP of NY (Please call HIP of NY Provider Relations to obtain the enrollment form at (800) 447-8386 or e-mail at edisupport@hipusa.com) | Yes | | Yes | | MedAvant Acknowledgment | |
| | Par | 52196 | Comm | | Informed | | | | | MedAvant Acknowledgment | |
| N 04/13/07 | Non-Par | 52212 | Comm | | Injured Workers Insurance Fund | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 33070 | Comm | | Inland Empire Health Plan | | | | | Payer Claims Status | |
| | Non-Par | 04320 | Comm | | Innovative Healthware Solutions | | | Yes | | Payer Claim Status | |
| | Non-Par | 93112 | Comm | OR | Inpronet, Portland, OR | | | | | MedAvant Acknowledgment | |
| | Non-Par | VAICE | Comm | DC | INS Health Services | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37279 | Comm | | Insurance Administrator of America, Inc. (IAA) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 63082 | Comm | AL | Insurance Claims Service, Inc. | | | Yes | | Payer Claim Status | |
| | Non-Par | 13315 | Comm | | Insurance Design Administrators | | | Yes | | Payer Acknowledgment | |
| | Non-Par | IMSMS | Comm | | Insurance Management Services | | | Yes | | Payer Claim Status | |
| | Non-Par | 88006 | Comm | | Insurance Management Services | | | | | Payer Acknowledgment | |
| | Non-Par | ISL11 | Comm | | Insurance Service Of Lubbock | | | | | Payer Claim Status | |
| | Non-Par | 51020 | Comm | | INTEGRA Administrative Group, Inc. | | | | | Payer Acknowledgment | |
| | Non-Par | 31127 | Comm | | Integra Group | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 31129 | Comm | | Integra Group - CHA | | | Yes | | Payer Claims Status | |
| | Non-Par | 37124 | Comm | IL | Integrated Benefit Services, IL | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 53252 | Comm | | Inter County Health Plan | | No | | | Payer Acknowledgment | |
| | Non-Par | 37227 | Comm | | InterCare Health Plans | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 60280 | Comm | | Interface EAP (IEAP) | | | | | Payer Claim Status | |
| | Non-Par | 23287 | Comm | | InterGroup Services PPO | | | Yes | | Payer Claim Status | |
| | Non-Par | SX107 | Comm | | Intermountain Health Care (Enrollment required, Please contact Intermountain to enroll and obtain a provider id 801-442-5442) | Yes | | | | Payer Claims Status | |
| | Non-Par | IAT99 | Comm | GA | International Association of Theatrical Stage Employees (IATSE) Atlanta Health & Welfare Fund | | | | | MedAvant Acknowledgment | |
| | Non-Par | 84137 | Comm | MT | InterWest Health - PPO | | | | | Payer Claims Status | |
| | Non-Par | 86068 | Comm | IA | Iowa Health Solutions | Yes | | | | Payer Claim Status | |
| | Par | AMS01 | Comm | | Iowa, Envoy Platinum | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37272 | Comm | | J. Smith Lanier & Co. Admin | | | Yes | | MedAvant Acknowledgment | |
| | Par | 61271 | Comm | | J.F. Molloy & Associates, Inc. | | | | | MedAvant Acknowledgment | |
| | Non-Par | JEN99 | Comm | GA | Jenkins & Associates (1299 Battlecreek Rd., Ste. 200 & PO Box 607, Jonesboro, GA 30237-0607) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 41099 | Comm | | John Alden Life Insurance | | | Yes | | Payer Claim Status | |
| | Non-Par | 95378 | Comm | | John Deere Health Care/ Heritage National Health Plan [Prior to initial submission, provider must contact JDHC @ (309) 765-1593 to receive JDHC Provider ID. Toll free (866) 509-1593]. | Yes | | Yes | | Payer Claim Status | |
| | Par | JMH01 | Comm | CA | John Muir Health Network | Yes | | | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | 37215 | Comm | | John P. Pearl & Associates, LTD | | | Yes | | Payer Claim Status | |
| | Non-Par | 34136 | Comm | | JP Farley Corporation | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 37272 | Comm | | JSL Administrators | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 21313 | Comm | | Kaiser Foundation Health Plan of Georgia | | | Yes | | Payer Claim Status | |
| | Non-Par | 52095 | Comm | | Kaiser Foundation Health Plan of the Mid-Atlantic States (MD, VA and DC) | | No | Yes | | Payer Acknowledgment | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|---|-------------------------|---------------------|--------------------|---------------------------|---------------------------|---------------|
| | Par | KS007 | Comm | OR | Kaiser NW Region (Please contact Deborah Hillan prior to submitting claims 503-813-3354) | Yes | | | | Payer Claim Status | |
| | Par | KS007 | Comm | WA | Kaiser NW Region (Please contact Deborah Hillan prior to submitting claims 503-813-3354) | Yes | | | | Payer Claim Status | |
| | Par | KS005 | Comm | OH | Kaiser Ohio Region (Please contact Joe Woodside prior to submitting claims 216-227-4919) | Yes | | | Authorization | Payer Claim Status | |
| | Par | KS003 | Comm | CA | Kaiser Permanente (Northern California: Emergency claims: For more information, please call (866) 285-0361, Referral claims: Please call (510) 987-3513 for authorization, prior to submitting claims.) | | | | Authorization | Payer Claim Status | |
| | Par | KS001 | Comm | CA | Kaiser Permanente (Southern California: For more information please call(866) 285-0361) | | | | | Payer Claim Status | |
| | Non-Par | 57038 | Comm | | Kanawha Healthcare Solutions, Inc. | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 57038 | Comm | | Kanawha Insurance Company | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 37313 | Comm | | KBA Assurant Health | | | Yes | | Payer Claim Status | |
| | Non-Par | 73100 | Comm | | Kempton Company | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 73100 | Comm | | Kempton Group Administrators | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 63077 | Comm | KY | Kentucky Health Select | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 37124 | Comm | IL | Kepple & Co. (Formerly Integrated Benefit Svcs.) | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 77039 | Comm | CA | Kern Family Health | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 37217 | Comm | | Key Benefit Administrators | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | IP082 | Comm | CA | Key Medical Group | Yes | | | | MedAvant Acknowledgment | |
| | Non-Par | 37321 | Comm | | Key Select | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 54771 | Govn't | PA | Keystone Health Plan Central - Out of service area providers only (through PA BC/BS) | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 95044 | Govn't | PA | Keystone Health Plan East | Yes | | | | Payer Claim Status | |
| | Non-Par | 95056 | Govn't | PA | Keystone Health Plan East (through PA BC/BS) | Yes | | | | Payer Claim Status | |
| | Non-Par | 23284 | Comm | PA | Keystone Mercy Health Plan | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 86049 | Comm | PA | KidsChoice CHIP. - Medicaid PA (payer requires every claim contain the AmeriChoice assigned provider id (including suffix)) | Yes | | | | Payer Claim Status | |
| | Non-Par | 86049 | Comm | PA | KidsChoice via Information Network Corp | Yes | | | | Payer Claim Status | |
| | Non-Par | KPS01 | Comm | | Kitsap Physicians Services | | | Yes | | Payer Claim Status | |
| | Non-Par | 34145 | Comm | | KLAIS & Company | | | | | Payer Claim Status | |
| | Par | HM039 | Comm | CA | LA Care - Encounter data only | Yes | | | Enrl., Auth. | Payer Claim Status | |
| N 04/13/07 | Non-Par | LACAR | Comm | | LA Care Health Plan | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | IP103 | Comm | CA | La Vida Medical Group | | | | | MedAvant Acknowledgment | |
| | Non-Par | WC001 | Comm | WA | Labor and Industry | Yes | | | Enrl., Auth. | MedAvant Acknowledgment | |
| | Par | 95416 | Comm | CA | Lakeside IPA | | | | | Payer Claim Status | |
| | Non-Par | LNDMK | Comm | | Landmark Healthcare, Inc. | | | | Enrl., Auth. | Payer Acknowledgment | |
| | Non-Par | 75279 | Comm | | Leggett and Platt | | | Yes | | Payer Claim Status | |
| | Non-Par | 37316 | Comm | | Leon Medical Center Health Plan | | | | | MedAvant Acknowledgment | |
| | Non-Par | 11123 | Comm | | Liberty Mutual Insurance Company (Workers' Compensation Claims ONLY) | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 37281 | Comm | | Liberty Union Life Assurance Co. | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37281 | Comm | | Life Assurance Company | | | | | MedAvant Acknowledgment | |
| | Non-Par | 41136 | Comm | | Life Trac | | | Yes | | Payer Claim Status | |
| | Non-Par | 93093 | Comm | | LifeWise Health Plan of Oregon (Please contact MedAvant to be setup for this payer 1-800-792-5256 Option 812) | | | Yes | Authorization | Payer Acknowledgment | |
| | Non-Par | 75283 | Comm | | Linn County | | | Yes | | Payer Claim Status | |
| | Non-Par | 35107 | Comm | IN | Local 135 Health Benefits (Indianapolis, IN) | | | Yes | | Payer Claim Status | |
| | Non-Par | IBT99 | Comm | | Local 295/851 I.B.T. Employer Group Welfare Fund | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37267 | Comm | | Loma Linda University | | | | | MedAvant Acknowledgment | |
| | Non-Par | LAF99 | Comm | CA | Los Angeles Fireman's Relief Fund (LAFRA) | | | | | MedAvant Acknowledgment | |
| C 06/15/07 | Non-Par | SX159 | Comm | | Lovelace Salud | | | | | MedAvant Acknowledgment | |
| C 06/15/07 | Non-Par | 90328 | Comm | NM | Lovelace Sandia Health Plan | | | | | MedAvant Acknowledgment | |
| | Par | 37248 | Comm | | LPH Claims Unit | | | | | MedAvant Acknowledgment | |
| | Non-Par | 54195 | Comm | | Lumenos Inc. | | | Yes | | MedAvant Acknowledgment | |
| | Par | 01260 | Comm | | Magellan Behavioral Health | Yes | | Yes | | Payer Claim Status | |
| | Par | MBHCR | Comm | | Magellan Behavioral Health - Case Rate | | | Yes | | Payer Claim Status | |
| | Non-Par | AXN01 | Comm | NY | Magellan Specialty Health - Cigna NY general surgery | | No | | | Payer Acknowledgment | |
| | Non-Par | 11303 | Comm | | Magnacare | | | Yes | | Payer Claims Status | |
| | Non-Par | 62413 | Comm | | Mailhandlers Benefit Plan (CNA) | | | Yes | | Payer Claim Status | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|-----------------|-------------|------------------------|----|---|-------------------------------|---------------------------|-----------------------|------------------------------|-----------------------------------|------------------|
| | Par | 52148 | Comm | | MAMSI Life & Health Ins. Co. (MLH) (HCFA 1500 only. | | | | | Payer Claim Status | |
| | Non-Par | 35162 | Comm | | Managed Care Services | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 22771 | Comm | | Managed Health Network | | | Yes | | Payer Claims Status | |
| | Non-Par | 39186 | Comm | IN | Managed Health Services Of Indiana/ Maxicare | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 39187 | Comm | WI | Managed Health Services of Wisconsin | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Par | 93900 | Comm | | Managed Physical Network - MPN | | | | | MedAvant Acknowledgment | |
| | Non-Par | 41555 | Comm | FL | Manatee Service Center (FL) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 75258 | Comm | | Mapco, Inc. | | No | Yes | | Payer Acknowledgment | |
| | Par | IP097 | Comm | CA | Marin IPA | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 22347 | Comm | MD | Maryland Health Insurance Plan / MHIP | | | Yes | | Payer Claim Status | |
| | Par | 00247 | Govn't | MD | Maryland Physicians Care | Yes | | | | Payer Claim Status | |
| | Non-Par | SX069 | Comm | MD | Maryland Public Mental Health System (PMHS) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 37121 | Comm | | Mashantucket Pequot Tribal Nation | | | | | MedAvant Acknowledgment | |
| | Non-Par | 41154 | Comm | AZ | Mayo Management Services | Yes | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 56205 | Comm | | MBS (Formerly MedCost Benefit Services) | | | Yes | | Payer Acknowledgment | |
| | Par | MM001 | Comm | MI | MCARE | Yes | | | | Payer Claim Status | |
| | Non-Par | 59331 | Comm | | McCreary Corporation (for plan and claim requirements please contact the payer @ 561-287-7650 ext 4052) | | No | Yes | | Payer Acknowledgment | |
| N 04/13/07 | Non-Par | MHM02 | Comm | | McKinley Medical Group | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 38232 | Comm | | McLaren (claims destined for the following address only: POB 30275/Lansing MI) | | | | | Payer Acknowledgment | |
| | Non-Par | 38338 | Comm | | McLaren Health | | | Yes | | Payer Acknowledgment | |
| | Par | 52148 | Comm | | MD - Individual Practice Assoc. (M.D.-IPA) (HCFA 1500 only. | | | | | Payer Claim Status | |
| | Non-Par | 11338 | Comm | NY | MDNY Healthcare | | | Yes | | Payer Claim Status | |
| | Non-Par | 20475 | Comm | | MDWise - Hoosier Alliance | | | Yes | | Payer Claims Status | |
| | Non-Par | 58204 | Comm | | MedAdmin Solutions | | | Yes | | Payer Claim Status | |
| | Non-Par | 59231 | Comm | | MedCom (e-MedCom) | | | | | Payer Claim Status | |
| | Non-Par | 56162 | Comm | | Medcost, Inc. (Contact payer at 800-433-9178) | | | | | Payer Claim Status | |
| | Non-Par | 95321 | Comm | | Medfocus | | | Yes | | Payer Acknowledgment | |
| | Par | 94265 | Comm | MN | Medica | Yes | | | | Payer Claim Status | |
| | Non-Par | MC018 | Govn't | AL | Medicaid - Alabama | Yes | | Yes | Authorization | Payer Claim Status | |
| | Non-Par | MC093 | Govn't | AK | Medicaid - Alaska | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | MC029 | Govn't | AR | Medicaid - Arkansas | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MC004 | Govn't | CO | Medicaid - Colorado | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | MC039 | Govn't | CT | Medicaid - Connecticut | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Par | 27009 | Govn't | DE | Medicaid - Delaware | Yes | | | | Payer Claim Status - Rejects Only | |
| | Non-Par | MC010 | Govn't | FL | Medicaid - Florida | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | MC020 | Govn't | GA | Medicaid - Georgia | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | MC103 | Govn't | HI | Medicaid - Hawaii | Yes | | | Authorization | MedAvant Acknowledgment | |
| | Non-Par | MC009 | Govn't | IL | Medicaid - Illinois | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MC022 | Govn't | IN | Medicaid - Indiana | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MC026 | Govn't | IA | Medicaid - Iowa | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | MC012 | Govn't | KS | Medicaid - Kansas | Yes | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | MC032 | Govn't | KY | Medicaid - Kentucky | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | MC089 | Govn't | LA | Medicaid - Louisiana | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MC128 | Govn't | LA | Medicaid - Louisiana - DME | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MC031 | Govn't | ME | Medicaid - Maine | Yes | | | Enrl., Auth. | Payer Acknowledgment | |
| | Non-Par | MC091 | Govn't | MD | Medicaid - Maryland | Yes | | | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | MC054 | Govn't | MA | Medicaid - Massachusetts | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MC035 | Govn't | MI | Medicaid - Michigan | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MC053 | Govn't | MN | Medicaid - Minnesota | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | MC019 | Govn't | MS | Medicaid - Mississippi | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | MC011 | Govn't | MO | Medicaid - Missouri | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MC033 | Govn't | MT | Medicaid - Montana | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | NEMCD | Govn't | NE | Medicaid - Nebraska | Yes | | | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MC008 | Govn't | NV | Medicaid - Nevada | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | MC059 | Govn't | NH | Medicaid - New Hampshire | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MC087 | Govn't | NJ | Medicaid - New Jersey | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | MC034 | Govn't | NM | Medicaid - New Mexico | Yes | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | NYMCD | Govn't | NY | Medicaid - New York | Yes | | | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | MC021 | Govn't | NC | Medicaid - North Carolina | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MC121 | Govn't | NC | Medicaid - North Carolina - Mental Health ONLY | Yes | | Yes | Enrl, Auth | Payer Claim Status - Rejects Only | |
| | Par | MC101 | Govn't | ND | Medicaid - North Dakota | Yes | | Yes | | | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|-----------------|-------------|------------------------|----|---|-------------------------------|---------------------------|-----------------------|------------------------------|-----------------------------------|------------------|
| | Non-Par | MC046 | Govn't | OH | Medicaid - Ohio | Yes | | Yes | Authorization | Payer Claim Status - Rejects Only | |
| | Non-Par | MC030 | Govn't | OK | Medicaid - Oklahoma | Yes | | Yes | Authorization | MedAvant Acknowledgment | |
| | Non-Par | MC015 | Govn't | OR | Medicaid - Oregon | Yes | | Yes | Enrl, Auth | MedAvant Acknowledgment | |
| | Non-Par | MC016 | Govn't | PA | Medicaid - Pennsylvania | Yes | | Yes | Authorization | Payer Claim Status | |
| | Non-Par | MC097 | Govn't | RI | Medicaid - Rhode Island | Yes | | Yes | Enrl., Auth. | Payer Acknowledgment | |
| | Non-Par | SDDHS | Govn't | SD | Medicaid - SD Department of Human Services Division | | | | | Payer Acknowledgment | |
| | Non-Par | MC024 | Govn't | SC | Medicaid - South Carolina (Additional fees are charged to the provider by the company that manages electronic claims for SC Medicaid) | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Par | MC102 | Govn't | SD | Medicaid - South Dakota | Yes | | Yes | Enrl, Auth | | |
| | Non-Par | MC005 | Govn't | TX | Medicaid - Texas | Yes | | Yes | Authorization | MedAvant Acknowledgment | |
| | Non-Par | MC081 | Govn't | VT | Medicaid - Vermont | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MC017 | Govn't | VA | Medicaid - Virginia | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | MC006 | Govn't | WA | Medicaid - Washington (DSHS) | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | MC088 | Govn't | DC | Medicaid - Washington DC | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | MC048 | Govn't | WV | Medicaid - West Virginia | Yes | | Yes | | Payer Claim Status - Rejects Only | |
| | Non-Par | MC049 | Govn't | WI | Medicaid - Wisconsin | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | MC055 | Govn't | WI | Medicaid - Wisconsin HIRSP Only | Yes | | Yes | Enrl, Auth | MedAvant Acknowledgment | |
| | Non-Par | MC042 | Govn't | WY | Medicaid - Wyoming | Yes | | Yes | Enrl, Auth | MedAvant Acknowledgment | |
| | Non-Par | MC051 | Govn't | CA | Medi-Cal - California | Yes | | Yes | Enrl., Auth. | MedAvant Acknowledgment | |
| | Par | 68041 | Comm | | Medical Benefits Administration | | | | | Payer Claim Status | |
| | Non-Par | 37298 | Comm | MD | Medical Benefits Administrators of MD | | | | | MedAvant Acknowledgment | |
| | Non-Par | 74323 | Comm | | Medical Benefits Mutual (Newark, OH) | | | Yes | | Payer Claim Status | |
| | Non-Par | 04258 | Comm | | Medical Claims Service, Inc. | | | Yes | | Payer Claim Status | |
| | Non-Par | 52181 | Comm | | Medical Development International | Yes | | Yes | | Payer Claims Status | |
| | Non-Par | BC004 | Comm | OH | Medical Mutual of Ohio | Yes | | Yes | | Payer Claim Status | |
| | Par | CSMED | Comm | CO | Medical Network of Colorado Springs | | | | | Payer Acknowledgment | |
| | Non-Par | 33029 | Comm | | Medical Pathways | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 58203 | Comm | | Medical Resource Network (MRN) | | | Yes | | Payer Claim Status | |
| | Par | 38224 | Comm | OH | Medical Value Plan-MVP-OH | | | | | Payer Claim Status | |
| | Non-Par | MR054 | Govn't | AL | Medicare - Alabama | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR010 | Govn't | AK | Medicare - Alaska | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR008 | Govn't | AZ | Medicare - Arizona | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR055 | Govn't | AR | Medicare - Arkansas | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR002 | Govn't | CA | Medicare - California - Northern Region | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR001 | Govn't | CA | Medicare - California - Southern Region | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR004 | Govn't | CO | Medicare - Colorado | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| C 04/24/07 | Non-Par | MR049 | Govn't | CT | Medicare - Connecticut | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR039 | Govn't | DE | Medicare - Delaware | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR025 | Govn't | FL | Medicare - Florida | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| C 04/24/07 | Non-Par | MR015 | Govn't | GA | Medicare - Georgia | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR057 | Govn't | HI | Medicare - Hawaii | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR003 | Govn't | ID | Medicare - Idaho | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR023 | Govn't | IL | Medicare - Illinois | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR041 | Govn't | IN | Medicare - Indiana | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR036 | Govn't | IA | Medicare - Iowa | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR060 | Govn't | KS | Medicare - Kansas | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR052 | Govn't | KY | Medicare - Kentucky | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR048 | Govn't | LA | Medicare - Louisiana | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR043 | Govn't | ME | Medicare - Maine | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR038 | Govn't | MD | Medicare - Maryland | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR061 | Govn't | MA | Medicare - Massachusetts | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR017 | Govn't | MI | Medicare - Michigan | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR019 | Govn't | MN | Medicare - Minnesota | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR050 | Govn't | MS | Medicare - Mississippi | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR094 | Govn't | MO | Medicare - Missouri --- BC/BS of Arkansas | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR044 | Govn't | MO | Medicare - Missouri --- Kansas, City (ASK) | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR047 | Govn't | MT | Medicare - Montana | Yes | | | Enrl., Auth. | Payer Claims Status | |
| | Non-Par | MR092 | Govn't | NE | Medicare - Nebraska | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | MR007 | Govn't | NV | Medicare - Nevada | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR051 | Govn't | NH | Medicare - New Hampshire | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR035 | Govn't | NJ | Medicare - New Jersey | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR076 | Govn't | NM | Medicare - New Mexico | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR042 | Govn't | NY | Medicare - New York --- Empire | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|---|-------------------------|---------------------|--------------------|---------------------------|-----------------------------------|---------------|
| | Non-Par | MR045 | Govn't | NY | Medicare - New York --- GHI Queens County Only | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR059 | Govn't | NY | Medicare - New York --- Upstate/Albany | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR020 | Govn't | NC | Medicare - North Carolina | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR083 | Govn't | ND | Medicare - North Dakota | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR033 | Govn't | OH | Medicare - Ohio | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR013 | Govn't | OK | Medicare - Oklahoma | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR011 | Govn't | OR | Medicare - Oregon | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR027 | Govn't | PA | Medicare - Pennsylvania | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR075 | Govn't | RI | Medicare - Rhode Island | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR028 | Govn't | SC | Medicare - South Carolina | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR084 | Govn't | SD | Medicare - South Dakota | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR034 | Govn't | TN | Medicare - Tennessee | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR005 | Govn't | TX | Medicare - Texas | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| C 02/28/07 | Non-Par | MR046 | Govn't | UT | Medicare - Utah | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR062 | Govn't | VT | Medicare - Vermont | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR022 | Govn't | VA | Medicare - Virginia --- All Other Areas | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR006 | Govn't | WA | Medicare - Washington | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR040 | Govn't | DC | Medicare - Washington DC (Includes Counties of Arlington & Fairfax / Cities of Alexandria, Falls Church, & Fairfax) - ERA Now available | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| C 04/24/07 | Non-Par | MR056 | Govn't | WV | Medicare - West Virginia | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR053 | Govn't | WI | Medicare - Wisconsin | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | MR074 | Govn't | WY | Medicare - Wyoming | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| C 03/01/07 | Non-Par | MR117 | Govn't | MI | Medicare Plus Blue / Medicare Advantage | Yes | | | Enrl, Auth | Payer Claim Status - Rejects Only | |
| | Non-Par | 95436 | Comm | | Medicare-Extra | Yes | No | | | Payer Acknowledgment | |
| | Par | IP080 | Comm | CA | Medicina Familiar Medical Group | | | | | Payer Claim Status | |
| | Non-Par | 95655 | Comm | | MediGold | | | | | Payer Claim Status | |
| | Non-Par | 94254 | Comm | | MediPrime | | | Yes | | Payer Claim Status | |
| | Non-Par | 37304 | Comm | | Mediversal Claims Administration | | | | | MedAvant Acknowledgment | |
| | Non-Par | 62160 | Comm | GA | MedSolutions, Inc. of Georgia | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 82160 | Comm | | Medspan, Inc. | | | | | Payer Claim Status | |
| | Par | 00243 | Comm | MD | MedStar Physician Partners | Yes | | | Authorization | Payer Claim Status | Yes |
| | Non-Par | 36193 | Comm | | Memphis Managed Care/ TLC | Yes | | | | Payer Claim Status | |
| | Non-Par | MNM99 | Comm | | Mennonite Mutual Aid | | | | | MedAvant Acknowledgment | |
| | Par | MRC01 | Govn't | AZ | Mercy Care (Arizona) | Yes | | | | Payer Claim Status | |
| | Non-Par | 00360 | Comm | | Mercy Health Plan | Yes | | | | Payer Claim Status | |
| | Non-Par | 22326 | Comm | NJ | Mercy Health Plan of NJ (Horizon Mercy) | Yes | No | Yes | | Payer Acknowledgment | |
| | Par | IP079 | Comm | CA | Mercy Physicians Medical Group - San Diego - MPMG | | | | | Payer Claim Status | |
| | Non-Par | 39114 | Comm | | Mercycare | | | Yes | | Payer Claim Status | |
| | Non-Par | 85035 | Comm | NM | Mesa Mental Health | | | Yes | | Payer Acknowledgment | Yes |
| | Par | AMS01 | Comm | | Methodist SW Prv Org | | | | | MedAvant Acknowledgment | |
| | Non-Par | 95420 | Comm | | MethodistCare | Yes | | | | MedAvant Acknowledgment | |
| | Par | 87726 | Comm | | Metrahealth Network (HMO & Care Option:A United HealthCare Co.) | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | Metrahealth Plan Administrators (A United HealthCare Co.) | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | Metrahealth/Metrahealth Railroad (A United HealthCare Co.) | Yes | | | | Payer Claim Status | |
| | Non-Par | 13265 | Comm | | Metro Plus Health Plan | | | Yes | | Payer Acknowledgment | |
| | Non-Par | MDL99 | Comm | MI | Metropolitan Detroit Laborers | | | | | MedAvant Acknowledgment | |
| | Non-Par | 10850 | Comm | | Metropolitan Health Plan | | | Yes | | Payer Claim Status | |
| | Non-Par | MW/P01 | Comm | | Metrowest Health Plan - Preferred Care | | | Yes | | Payer Claim Status | |
| | Non-Par | MWS01 | Comm | | Metrowest Star Medicaid | | | Yes | | Payer Claim Status | |
| | Non-Par | 63079 | Comm | | Mid Atlantic Health Plan | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 37281 | Comm | | Mid-America Associates, Inc. | | | | | MedAvant Acknowledgment | |
| | Non-Par | IP004 | Comm | CA | Midcoast Care (Marian IPA) (Labs Only) | | | | Authorization | Payer Claim Status | |
| | Non-Par | 47080 | Comm | | Midlands Choice, Inc. | | | | | Payer Claim Status | |
| | Non-Par | MHP77 | Comm | | Midwest Health Plans | | | Yes | | Payer Claim Status | |
| | Non-Par | 59224 | Comm | | Mid-West National Life Insurance Company of Tennessee - Insurance Center | | | Yes | | Payer Claim Status | |
| | Non-Par | 74227 | Comm | | Mid-West National Life Insurance Company of TN - Student Insurance | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | MSI01 | Comm | | Midwest Security Administration (MSA) | | | | | Payer Acknowledgment | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|--|-------------------------|---------------------|--------------------|---------------------------|---------------------------|---------------|
| | Non-Par | MSI01 | Comm | | Midwest Security Insurance Company (MSIC) | | | | | Payer Acknowledgment | |
| | Non-Par | MSI01 | Comm | | Midwester Preferred | | | | | Payer Acknowledgment | |
| | Par | MPMG1 | Comm | CA | Mills Peninsula Medical Group | Yes | | | | Payer Claim Status | Yes |
| | Non-Par | IP106 | Comm | CA | Mission Hospital Affiliated Physicians | | | | | MedAvant Acknowledgment | |
| | Non-Par | IP014 | Comm | CA | Mission Valley IPA Medical Group/Lompoc (Labs Only) | | | | Authorization | Payer Claim Status | |
| | Non-Par | 37233 | Comm | MS | Mississippi Public Employee Benefit Trust | | | | | MedAvant Acknowledgment | |
| | Non-Par | 64088 | Comm | MS | Mississippi Select Health Care (Gulfport, MS) | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 37275 | Comm | | Missoula County Medical Benefits Plan | | | | | MedAvant Acknowledgment | |
| | Non-Par | 43179 | Comm | MO | Missouri Care/MC | | | Yes | | Payer Claim Status | |
| | Non-Par | 37265 | Comm | | MLink | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 62178 | Comm | | MMS, LLC. | | | Yes | | Payer Claim Status | |
| | Non-Par | SX109 | Comm | UT | Molina Health (UT) | | | | | Payer Claims Status | |
| N 01/31/07 | Non-Par | NM505 | Comm | NM | Molina Health Care of New Mexico | | | | | Payer Claim Status | |
| N 01/31/07 | Non-Par | 20554 | Comm | TX | Molina Health Care of Texas | | | | | Payer Claim Status | |
| | Non-Par | 38333 | Comm | | Molina Healthcare of California | | | | | Payer Claims Status | |
| | Non-Par | 00076 | Comm | IN | Molina Healthcare of Indiana | Yes | | | | MedAvant Acknowledgment | |
| C 01/31/07 | Non-Par | 38334 | Comm | MI | Molina Healthcare of Michigan | | | | | Payer Claim Status | |
| | Non-Par | CIMSA | Comm | NM | Molina Healthcare of New Mexico | | | Yes | | Payer Claim Status | |
| | Non-Par | 20149 | Comm | OH | Molina Healthcare of Ohio | Yes | | | | Payer Claims Status | |
| | Non-Par | 38336 | Comm | WA | Molina Healthcare of WA (formerly Qualmed WA) | | | | | Payer Claim Status | |
| | Par | IP095 | Comm | CA | Monarch Healthcare IPA (Monarch assigned rendering provider id required on all claims.) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 13174 | Comm | | Montefiore CMO (Please call payer @ 914-377-4400 for a unique provider id number before submitting claims) | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | TH094 | Comm | | Monumental Life Insurance Company | | | | | Payer Claim Status | |
| | Non-Par | 67466 | Comm | | Mony Financial Services (Pacific Mutual) | | No | | | Payer Claim Status | |
| | Non-Par | IP083 | Comm | CA | Mosaic IPA Medical Group | Yes | | | | MedAvant Acknowledgment | |
| C 04/30/07 | Par | | Comm | CA | Motion Picture Industry Health Plan | Yes | | | | Payer Claim Status | |
| | Non-Par | 36111 | Comm | | Motorola, Inc. | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 95655 | Comm | | Mount Carmel Services Services | | | | | Payer Claim Status | |
| | Non-Par | 86040 | Comm | | Mountain States Administrative Services (Tucson, AZ) | | | Yes | | Payer Claims Status | |
| | Non-Par | 37233 | Comm | MS | MPE Employee Benefit Services | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37233 | Comm | MS | MPEEBT | | | | | MedAvant Acknowledgment | |
| | Non-Par | 95444 | Comm | | MPLAN [Providers must contact John Guedel @ (317) 580-4695 to obtain the MPLAN assigned provider ID prior to submitting claims.] | Yes | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 34080 | Comm | | Multiplan Wisconsin Preferred Provider Network | | | Yes | | Payer Claims Status | |
| | Non-Par | 37256 | Comm | OK | Mutual Assurance | | | | | MedAvant Acknowledgment | |
| C 04/25/07 | Par | 71412 | Comm | | Mutual of Omaha Insurance Company | | | | | Payer Acknowledgment | |
| C 04/25/07 | Par | 71412 | Comm | | Mutually Preferred | | | | | Payer Acknowledgment | |
| | Par | 14165 | Comm | NY | MVP Health Plan (Mohawk Valley) (providers should contact MVP at 800-684-9286 before submitting claims) | | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 91136 | Comm | | N.W. Ironworkers Hlth & Security Trust Fund, Grp# F16 (MUST HAVE GRP# ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Non-Par | 91136 | Comm | | N.W. Roofers & Employers Hlth & Security Trust Fund, Grp# F26 (MUST HAVE GRP# ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Non-Par | 91136 | Comm | | N.W. Textile Processors Grp# F14 (MUST HAVE GRP# ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Non-Par | 65085 | Comm | | NAA (North America Admin., L.P.) Nashville, TN | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 53011 | Comm | | NALC Health Benefits | | | Yes | | Payer Claim Status | |
| | Non-Par | 36398 | Comm | IL | NAMM of Illinois | | | Yes | | Payer Claim Status | |
| | Non-Par | NHCA1 | Comm | | Naperville Health Care Associates | | | Yes | | Payer Claim Status | |
| | Par | AMS01 | Comm | TX | National Assoc Preferred Prv TX | | | | | MedAvant Acknowledgment | |
| | Non-Par | 53011 | Comm | | National Association of Letter Carriers | | | Yes | | Payer Claim Status | |
| | Non-Par | 56175 | Comm | | National Benefit Administrators Of New Jersey | | | Yes | | Payer Claim Status | |
| | Non-Par | 56176 | Comm | | National Benefit Administrators Of North Carolina | | | Yes | | Payer Claim Status | |
| | Non-Par | 37126 | Comm | | National Claim Admin | Yes | No | | | Payer Claim Status | |
| | Non-Par | 90956 | Comm | | National Financial Insurance Co. | | | | | Payer Claim Status | |
| | Non-Par | 98205 | Comm | | National Foundation Life Insurance Co. | | | | | Payer Claim Status | |
| | Non-Par | 75275 | Comm | | National Health Insurance Company | | | | | Payer Claims Status | |
| | Par | 37231 | Comm | | National Healthcare Exchange Services | | | | | MedAvant Acknowledgment | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|-----------------|-------------|------------------------|----|---|-------------------------------|---------------------------|-----------------------|------------------------------|-----------------------------------|------------------|
| | Non-Par | 52132 | Comm | | National Rural Electric Cooperative Assoc. | | | Yes | | MedAvant Acknowledgment | |
| C 04/25/07 | Par | 71412 | Comm | | National Rural Letter Carrier Association | | | | | Payer Acknowledgment | |
| | Non-Par | NTA11 | Comm | | National Teachers Association (NTA) | | | | | Payer Claim Status | |
| | Non-Par | 52103 | Comm | | National Telecommunications Cooperative Association | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 31417 | Comm | | Nationwide Insurance | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 75191 | Comm | NC | NCAS - Charlotte | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 75190 | Comm | VA | NCAS - Virginia | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 95123 | Comm | FL | Neighborhood Health Partnership | Yes | | | | Payer Claim Status | |
| | Par | 04293 | Comm | | Neighborhood Health Plan | Yes | | | | Payer Acknowledgment | |
| N 03/09/07 | Non-Par | 05047 | Comm | RI | Neighborhood Health Plan of Rhode Island "Please call NHPRI at 1-401-459-6020 to obtain or confirm your provider and vendor number prior to your initial claims submission. " | | | Yes | | Payer Claims Status | |
| | Non-Par | 11325 | Comm | | Neighborhood Health Providers | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 37255 | Comm | | Nesika Health Group | | | | | MedAvant Acknowledgment | |
| | Non-Par | 66055 | Comm | | Netcare Life and Health Insurance | | | | | Payer Acknowledgment | |
| | Non-Par | | Comm | | Network Health (Before initiating submissions, please contact Provider Relations at 617-806-8104 or edi@network-health.org for an EDI start up plan) | Yes | No | | | Payer Acknowledgment | |
| | Non-Par | 39144 | Comm | WI | Network Health Plan of WI | | | Yes | | MedAvant Acknowledgment | |
| | Par | AMS01 | Comm | WI | Network Health PPO | | | | | MedAvant Acknowledgment | |
| | Non-Par | 86067 | Comm | NV | Nevada Health Solutions | Yes | | | | Payer Claim Status | |
| | Non-Par | 86067 | Comm | NV | NevadaCare | Yes | | | | Payer Claim Status | |
| | Non-Par | 86067 | Comm | NV | NevadaCare Kids | Yes | | | | Payer Claim Status | |
| | Non-Par | 75281 | Comm | | New Era Life Insurance Company | | | | | Payer Claim Status | |
| | Non-Par | 22603 | Comm | | New Jersey Carpenters Health Fund | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 65056 | Comm | | New Market Dimensions | | | Yes | | Payer Claim Status | |
| | Non-Par | 11334 | Comm | NY | New York Network Management, LLC (Claim must contain group plan or policy number and group name) | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 48186 | Comm | NY | New York Presbyterian Community Health Plan | | | Yes | | Payer Claim Status | |
| N 07/06/07 | Non-Par | 38225 | Comm | | NGS American | Yes | No | | | Payer Claim Status | |
| | Par | NIA11 | Comm | | NIA - Magellan Health Services | | | | | Payer Acknowledgment | |
| | Par | 81264 | Comm | | Nippon Life Insurance Co. | | | | | MedAvant Acknowledgment | |
| | Par | IP080 | Comm | CA | Noble Community | | | | | Payer Claim Status | |
| | Non-Par | 64157 | Comm | | North American Administrators, Inc. | | | Yes | | Payer Claim Status | |
| | Non-Par | 34159 | Comm | | North American Benefits Network | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 64157 | Comm | | North American Health Plan | | | Yes | | Payer Claim Status | |
| | Par | E3510 | Comm | CA | North American Medical Management - Northern California | Yes | | | | Payer Claim Status | |
| | Par | IP079 | Comm | CA | North American Medical Management - So. California | | | | | Payer Claim Status | |
| | Non-Par | 93100 | Comm | TX | North American Medical Management - Texas (NAMM) B50 | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 64157 | Comm | | North American Preferred | | | Yes | | Payer Claim Status | |
| | Non-Par | 37314 | Comm | FL | North Broward Hospital District | | | Yes | | Payer Claim Status | |
| | Par | NTX11 | Comm | TX | North Texas Healthcare | | | | | Payer Claim Status | |
| | Par | PH018 | Comm | | North West Life | | | | | MedAvant Acknowledgment | |
| | Non-Par | 38238 | Comm | | Northern California Sheet Metal Workers Health Care Plan | | | | | Payer Claims Status | |
| | Non-Par | 38238 | Comm | | Northern California Sheet Metal Workers Health Care Plan | | | | | Payer Acknowledgment | |
| | Non-Par | 36347 | Comm | IL | Northern Illinois Health Plan | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 36346 | Comm | IL | Northwest Suburban IPA (Illinois) | | | Yes | | Payer Claim Status | |
| | Par | PH018 | Comm | | Northwestern National Life (Reliastar Emp Ben) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 16644 | Comm | | Nova Healthcare Administrators | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 71080 | Comm | | Novasys Health Network | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 24819 | Comm | NY | NY Presbyterian System Select | | | Yes | | Payer Claim Status | |
| | Non-Par | 37299 | Comm | IN | Nyhart | | | | | MedAvant Acknowledgment | |
| | Non-Par | 14179 | Comm | | NYMI - Aetna Radiology Claims | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 14180 | Comm | | NYMI Oxford | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 95358 | Comm | | Oaktree Health Plan | | | | | Payer Acknowledgment | |
| | Non-Par | IP016 | Comm | CA | Oakview Medical Group, Inc. (Labs Only) IPA | | | | Authorization | Payer Claim Status | |
| | Non-Par | OCH01 | Comm | | Ochsner Health Plans (Providers please use payer id OCH01 if you have Claims with Dates of Service Before 1/1/2005) | Yes | | | Enrl., Auth. | Payer Claim Status - Rejects Only | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|--|-------------------------|---------------------|--------------------|---------------------------|---------------------------|---------------|
| | Non-Par | 13350 | Comm | | ODS Heath Plan | | | | | Payer Claims Status | |
| | Non-Par | 72087 | Comm | LA | Office of Group Benefits - Louisiana | | | | | Payer Claim Status | |
| | Non-Par | 13310 | Comm | DC | Office of the Administrator (Seabury and Smith) | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | OAC99 | Comm | OH | Ohio AFSCME Care Plan | | | | | MedAvant Acknowledgment | |
| | Par | AMS01 | Comm | OH | Ohio Health Choice Plan (OH) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 34189 | Comm | OH | Ohio Health Choice PPO | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 38252 | Comm | | Omnicare Health Plan of Michigan | | No | | | Payer Acknowledgment | |
| | Par | IP088 | Comm | CA | Omnicare Medical Group (OMNI) | | | | | Payer Claim Status | |
| | Non-Par | 25150 | Comm | | OmniCare, A Coventry Health Plan | | | Yes | | Payer Claims Status | |
| | Non-Par | 91136 | Comm | | Operating Engineers Locals 302 & 612 Hlth & Security Fund, Grp# F12 (MUST HAVE GRP# ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Non-Par | 06163 | Comm | | OptiCare Eye Health | Yes | | | | MedAvant Acknowledgment | |
| | Non-Par | 54154 | Comm | | Optima Health Insurance Company | Yes | | | | MedAvant Acknowledgment | |
| | Non-Par | 54154 | Comm | | Optima Health Plan (rendering provider id is required. ID will be 5-7 characters. Positions 1-5 must be numeric, positions 6 and 7 (if applicable) must be alpha. Please contact Ydsia Slagle with provider relations @ 757-552-7477). | Yes | | | | MedAvant Acknowledgment | |
| | Par | 52152 | Comm | | Optimum Choice of the Carolina's | | | | | Payer Claim Status | |
| | Par | 52148 | Comm | | Optimum Choice, Inc. | | | | | Payer Claim Status | |
| | Non-Par | 87043 | Comm | | ORNDA Health D296Corp (First Health)+D312 | | | Yes | | Payer Claim Status | |
| N 04/02/07 | Non-Par | 13383 | Comm | | Orthonet - Aetna | | | Yes | | Payer Claims Status | |
| N 04/02/07 | Non-Par | 13382 | Comm | | Orthonet - Uniformed Service Family Health Plan | | | Yes | | Payer Claims Status | |
| N 04/13/07 | Non-Par | 25681 | Comm | | Orthonet - Health Net | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 13381 | Comm | | Orthonet Corporation | | | Yes | | Payer Claim Status | |
| | Non-Par | 62171 | Comm | IL | OSF Healthplans | | | Yes | | Payer Claims Status | |
| | Non-Par | 36365 | Comm | | Our Lady of the Resurrection Physician Association | | No | Yes | | Payer Acknowledgment | |
| | Par | 06111 | Comm | | Oxford Health | | | Yes | | Payer Claim Status | |
| | Non-Par | 87068 | Comm | UT | P5 Health Plan Solution of Utah | | | Yes | | Payer Claim Status | |
| | Non-Par | 67466 | Comm | | Pacific Financial Companies | | No | | | Payer Claim Status | |
| | Par | IP101 | Comm | CA | Pacific Lumber Company - PALCO (Humboldt Del Norte) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 67466 | Comm | | Pacific Mutual Life Ins. Co. | | No | | | Payer Claim Status | |
| | Par | 95959 | Comm | | PacificCare | | | | | MedAvant Acknowledgment | |
| | Par | 33053 | Comm | | Pacificare Behavioral Health | | | | | MedAvant Acknowledgment | |
| | Non-Par | 95959 | Comm | | PacificCare ERA | | | | | MedAvant Acknowledgment | |
| | Par | 95959 | Comm | AZ | PacificCare of Arizona - Claims (For payable Pacificare/Secure Horizons HMO claims only. Not for PPO claims. For further questions you may inquire via email at edioutreach@phs.com) | | | | | Payer Claim Status | |
| C 02/23/07 | Par | | Comm | AZ | PacificCare of Arizona - Encounters (Please email Encountercollection@phs.com to be setup to submit Encounters) | | | | | Payer Claim Status | |
| | Par | 95959 | Comm | CA | PacificCare of California - Claims (For payable Pacificare/Secure Horizons HMO claims only. Not for PPO claims. For further questions, you may inquire via email at edioutreach@phs.com) | | | | | MedAvant Acknowledgment | |
| C 02/23/07 | Par | | Comm | CA | PacificCare of California - Encounters (Please email Encountercollection@phs.com to be setup to submit Encounters) | | | | | MedAvant Acknowledgment | |
| | Par | 95959 | Comm | OK | PacificCare of Oklahoma - Claims (For payable Pacificare/Secure Horizons HMO claims only. Not for PPO claims. For further questions, you may inquire via email at edioutreach@phs.com) | | | | | MedAvant Acknowledgment | |
| | Par | | Comm | OK | PacificCare of Oklahoma - Encounters (Please contact Barbara Pisano 714-825-5989) | | | | | MedAvant Acknowledgment | |
| | Par | 95959 | Comm | OR | PacificCare of Oregon - Claims (For payable Pacificare/Secure Horizons HMO claims only. Not for PPO claims. For further questions, you may inquire via email at edioutreach@phs.com) | | | | | MedAvant Acknowledgment | |
| C 02/23/07 | Par | | Comm | OR | PacificCare of Oregon - Encounters (Please email Encountercollection@phs.com to be setup to submit Encounters) | | | | | MedAvant Acknowledgment | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|-----------------|-------------|------------------------|----|---|-------------------------------|---------------------------|-----------------------|------------------------------|---------------------------|------------------|
| | Par | 95959 | Comm | TX | PacifiCare of Texas - Claims (For payable PacifiCare/Secure Horizons HMO claims only. For further questions, you may inquire via email at edihmoinfo@phs.com) | | | | | MedAvant Acknowledgment | |
| | Par | | Comm | TX | PacifiCare of Texas - Encounters (Please contact Barbara Pisano 714 825-5989) | | | | | | |
| | Par | 95959 | Comm | WA | PacifiCare of Washington - Claims (For payable PacifiCare/Secure Horizons HMO claims only. For further questions, you may inquire via email at edioutreach@phs.com) | | | | | MedAvant Acknowledgment | |
| C 02/23/07 | Par | | Comm | WA | Pacificare of Washington - Encounters (Please email Encountercollection@phs.com to be setup to submit Encounters) | | | | | | |
| | Par | 95999 | Comm | | PacifiCare PPO - All States (For payable PPO claims only. NOT for PacifiCare/Secure Horizons HMO claims. For further questions, you may inquire via email at edioutreach@phs.com) | | | | | MedAvant Acknowledgment | |
| | Non-Par | COFHP | Comm | CO | Pacificare/ FHP - Colorado | Yes | | | | Payer Acknowledgment | |
| | Non-Par | 93029 | Comm | | PacificSource Health Plan | | | Yes | | Payer Acknowledgment | |
| | Non-Par | PAPER | Paper | | Paper Claims | | No | | | Payer Acknowledgment | |
| | Non-Par | PARHC | Comm | | Paramount Health Care | Yes | | | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | 58204 | Comm | | Parity Healthcare, LLC | | | Yes | | Payer Claim Status | |
| | Non-Par | 66917 | Comm | | Parkland Community Health Plan | | | Yes | | Payer Claim Status | |
| | Par | AMS01 | Comm | TX | Partners in Practice (TX) | | | | | MedAvant Acknowledgment | |
| | Non-Par | | Comm | NC | Partners National Health Plans of North Carolina (Contracted providers only. Please call Partners National Health Plan of NC provider services department at (888) 296-9790; option 2 for electronic claims set-up.) | Yes | No | | | Payer Acknowledgment | |
| | Par | PHP02 | Comm | | Partnership Health Plan | Yes | | | | MedAvant Acknowledgment | |
| | Par | IP080 | Comm | CA | Pasadena Primary Care Physicians | | | | | Payer Claim Status | |
| | Non-Par | 22248 | Comm | KY | Passport | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | SX154 | Comm | | Passport Advantage | | | | | MedAvant Acknowledgment | |
| | Non-Par | 61129 | Comm | | Passport Health Plan | | | Yes | | Payer Claim Status | |
| | Non-Par | PPN11 | Comm | | Patient - Physician Network (PPN) | | | Yes | | Payer Claim Status | |
| | Non-Par | 10525 | Comm | | Patient Advocates, LLC | | | Yes | | Payer Claim Status | |
| | Non-Par | PRW99 | Comm | | Pavers & Road Builders Welfare Fund | | | | | MedAvant Acknowledgment | |
| | Non-Par | 65018 | Comm | FL | PCA Health Plan of Florida | | | | | MedAvant Acknowledgment | |
| | Non-Par | 68049 | Comm | GA | Peach State Health Plan (Enrollment required. Please call 800-225-2573 ext 25525 prior to submitting claims) | | | | | Payer Claims Status | |
| | Non-Par | 72126 | Comm | | Peoples Health Network | | | Yes | | Payer Claim Status | |
| | Non-Par | 25146 | Comm | | Personal Physician Care | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 34173 | Comm | | PersonalCare | | No | | | Payer Acknowledgment | |
| | Non-Par | 67814 | Comm | | Phoenix American Life (PAL) | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 62153 | Comm | | Phoenix Healthcare of TN | | | Yes | | Payer Claim Status | |
| | Non-Par | 67814 | Comm | | Phoenix Home Life (Phoenix Mutual Life) | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 67814 | Comm | | Phoenix Mutual Life (Phoenix Home Life) | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 00036 | Comm | | PHP of Kansas City | | | | | Payer Claim Status | |
| | Non-Par | 62155 | Comm | | PHP TennCare | | No | Yes | | Payer Acknowledgment | |
| | Par | IP094 | Comm | CA | Physician Associates of Greater San Gabriel Valley | | | | Enrl., Auth. | Payer Acknowledgment | |
| | Non-Par | 58204 | Comm | | Physician Associates of Louisiana | | | Yes | | Payer Claim Status | |
| | Non-Par | 37330 | Comm | MI | Physician Health Plan South & Mid Michigan - Claims must have date of service of 10/1/2006 or later Include Payer Group number Include Payer assigned Provider ID (Commercial PIN) in the claim at the billing or rendering provider level. | Yes | | | | MedAvant Acknowledgment | |
| | Non-Par | 36345 | Comm | IL | Physicians Care Network (Address Rockford, IL ONLY) | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 57098 | Comm | | Physicians Care Network (Participating Providers ONLY) | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 37136 | Comm | | Physicians Health Association of Illinois | | | | | Payer Acknowledgment | |
| | Par | 87726 | Comm | MO | Physicians Health Plan (PHP) - Missouri(Greater St. Louis) | Yes | | | | Payer Claim Status | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|--|-------------------------|---------------------|--------------------|---------------------------|-----------------------------------|---------------|
| | Par | 87726 | Comm | NC | Physicians Health Plan (PHP) - North Carolina | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | SC | Physicians Health Plan (PHP) - South Carolina | Yes | | | | Payer Claim Status | |
| | Non-Par | 12399 | Comm | | Physicians Health Plan Of Northern Indiana | | | | | Payer Claim Status | |
| | Non-Par | 65031 | Comm | | Physicians Healthcare Plans | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | IP118 | Comm | CA | Physicians Medical Group of San Jose | Yes | | | | MedAvant Acknowledgment | |
| | Non-Par | 47027 | Comm | | Physicians Mutual Insurance Company | | | Yes | | Payer Claim Status | |
| | Non-Par | 39156 | Comm | | Physician's Plus Insurance Corp. | | No | Yes | | Payer Acknowledgment | |
| | Par | 24735 | Comm | | Pinnacle Claims Management, Inc. | | | | | MedAvant Acknowledgment | |
| | Non-Par | CCIA1 | Comm | CO | Pinnacle Assurance (Contact Sandy Logstrom at 303-361-4822 prior to submission of first claims) | | | | Authorization | Payer Acknowledgment | |
| | Non-Par | PIP99 | Comm | | Pipe Trades Industry Health & Welfare Fund | | | | | MedAvant Acknowledgment | |
| | Non-Par | PIP98 | Comm | IL | Pipefitters 597 (45 N. Ogden Ave., Chicago, IL 60607) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 73074 | Comm | | Pipeline Industry Benefit | | | | | Payer Claim Status | |
| | Non-Par | 37224 | Comm | | Pittman and Associates | | No | Yes | | Payer Acknowledgment | |
| | Par | AMS01 | Comm | IA | Plaines (IA) | | | | | MedAvant Acknowledgment | |
| | Par | AMS01 | Comm | FL | Plaines Advisor (FL) | | | | | MedAvant Acknowledgment | |
| | Par | AMS01 | Comm | WI | Plaines Advisor (WI) | | | | | MedAvant Acknowledgment | |
| | Par | AMS01 | Comm | | Plaines Networks - Envoy | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37287 | Comm | | Planned Administrators, Inc. (PAI) | | | | | MedAvant Acknowledgment | |
| | Non-Par | PCM99 | Comm | | Plasterers' & Cement Masons' Health & Welfare Fund | | | | | MedAvant Acknowledgment | |
| | Non-Par | 00333 | Comm | | Plumbers & Steamfitters Local 33 Health & Welfare | Yes | | | | Payer Claim Status | |
| | Non-Par | 67466 | Comm | | PM Group (Pacific Mutual Life) | | No | | | Payer Claim Status | |
| | Non-Par | 67466 | Comm | | PMG (Pacific Mutual Life) | | No | | | Payer Claim Status | |
| | Non-Par | PMGSJ | Comm | CA | PMG of San Jose | Yes | | | Authorization | Payer Claim Status - Rejects Only | |
| | Non-Par | 58204 | Comm | | Podi Care Managed Care | | | Yes | | Payer Claim Status | |
| | Non-Par | POD11 | Comm | | Podiatry Network Solutions, LLC | | | | | Payer Acknowledgment | |
| | Non-Par | 59069 | Comm | | Poe & Brown | | | | | MedAvant Acknowledgment | |
| | Non-Par | 32680 | Comm | | Poly America Medical & Dental Benefits Plan | | | Yes | | Payer Claims Status | |
| | Non-Par | 16111 | Comm | | POMCO | | | Yes | | Payer Acknowledgment | |
| | Non-Par | PPN11 | Comm | | PPN | | | | | Payer Claim Status | |
| | Non-Par | 73159 | Comm | | PPO Oklahoma | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 72148 | Comm | | PPO Plus, LLC | | | | | Payer Claim Status | |
| | Par | PPOM1 | Comm | MI | PPOM | | | | | Payer Claim Status | |
| | Non-Par | 04334 | Comm | | Practicare, Inc. | | No | | | Payer Acknowledgment | |
| | Non-Par | 36373 | Comm | | Prairie States Enterprises, Inc. | | | Yes | | Payer Claims Status | |
| | Non-Par | 60110 | Comm | | Preferre Plus of Kansas | | | Yes | | Payer Claim Status | |
| | Non-Par | 53476 | Comm | | Preferred Benefit Administrators | | | | | Payer Claim Status | |
| | Non-Par | 65088 | Comm | FL | Preferred Care Partners (Miami, FL) | | | Yes | | Payer Claim Status | |
| | Non-Par | 73145 | Comm | | Preferred Community Choice | | | Yes | | Payer Claim Status | |
| | Non-Par | 35173 | Comm | MD | Preferred Health Network, providers in MD and DC only | Yes | | | | MedAvant Acknowledgment | |
| | Non-Par | 61106 | Comm | KY | Preferred Health Plan, Inc. (Louisville, KY) | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 60110 | Comm | | Preferred Health Systems Insurance Co. | | | Yes | | Payer Claim Status | |
| | Non-Par | 60110 | Comm | | Preferred Health Systems Insurance Co. (PHSIC) | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 04320 | Comm | | Preferred Healthcare System (PPO), The | | | Yes | | Payer Claim Status | |
| | Non-Par | 36401 | Comm | | Preferred Network Access | | | | | Payer Acknowledgment | |
| | Non-Par | 14162 | Comm | CT | Preferred One (CT), a Division of First Choice | Yes | | Yes | | Payer Acknowledgment | |
| | Non-Par | 41147 | Comm | MN | PreferredOne | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | BS010 | Govn't | WA | Premera Blue Cross (formerly Medical Services Corp) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 00360 | Comm | | Premier Benefits Inc. | | | | | Payer Claim Status | |
| N 04/06/07 | Non-Par | 90440 | Comm | | Premier Health | | | Yes | | Payer Claims Status | |
| | Non-Par | 00360 | Comm | | Premier Health Plans | | | | | Payer Claim Status | |
| | Non-Par | PREHP | Comm | | Presbyterian Health Plan - Please add provider number in 2010AA REF02 "or" 2310B REF02. Provider number is 11 digits or less. Contact (888) 923-5757, #6 then #2 to obtain id. | | | Yes | | Payer Claims Status | |
| | Non-Par | PRESA | Comm | | Presbyterian Salud - Receiver type "D" - Please add provider number in 2010AA REF02 "or" 2310B REF02. Provider number is 11 digits or less. Contact (888) 923-5757, #6 then #2 to obtain id. | | | Yes | | Payer Claims Status | |
| | Non-Par | 39185 | Comm | | Prevea Health Insurance Plan | | | | | Payer Claim Status | |
| | Par | IP096 | Comm | NC | PrimaHealth IPA (Prima assigned rendering provider id required on all claims, or they will reject) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | PMC11 | Comm | | Primary Medical Clinic | | | | | Payer Claim Status | |
| | Non-Par | 56144 | Comm | | Primary Physician Care Inc. | | No | Yes | | Payer Acknowledgment | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|-----------|-----------------|-------------|------------------------|----|---|-------------------------------|---------------------------|-----------------------|------------------------------|-----------------------------------|------------------|
| | Par | UH015 | Comm | WI | Prime Care Health Plan | | | | Authorization | MedAvant Acknowledgment | |
| | Non-Par | 63088 | Comm | | Prime Health (providers must contact Raylene at payer # 251-380-3367 for their assigned Rendering Provider ID Number) | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 56190 | Comm | | Prime Vision Health | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 11678 | Comm | MN | Prime West | Yes | | | Enrl, Auth | | |
| | Non-Par | 61604 | Comm | | Prime West Health Plan | | | Yes | | Payer Claim Status | |
| | Par | IP079 | Comm | CA | PrimeCare Medical Network - Chino | | | | | Payer Claim Status | |
| | Par | IP079 | Comm | CA | PrimeCare Medical Network - Corona | | | | | Payer Claim Status | |
| | Par | IP079 | Comm | CA | PrimeCare Medical Network - Hemet | | | | | Payer Claim Status | |
| | Par | IP079 | Comm | CA | PrimeCare Medical Network - Inland Valley | | | | | Payer Claim Status | |
| | Par | IP079 | Comm | CA | PrimeCare Medical Network - Moreno | | | | | Payer Claim Status | |
| | Par | IP079 | Comm | CA | PrimeCare Medical Network - Redlands | | | | | Payer Claim Status | |
| | Par | IP079 | Comm | CA | PrimeCare Medical Network - Riverside | | | | | Payer Claim Status | |
| | Par | IP079 | Comm | CA | PrimeCare Medical Network - Sun City | | | | | Payer Claim Status | |
| | Par | IP079 | Comm | CA | PrimeCare Medical Network - Temecula | | | | | Payer Claim Status | |
| | Par | 61271 | Comm | | Principal Life Insurance Company (Principal Financial Group) | | | | | MedAvant Acknowledgment | |
| | Par | 61271 | Comm | | Principal Mutual Life Insurance Company (Principal Mutual Life Assurance) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 38217 | Comm | | Priority Health (Call 800-792-5256, option 812 for Enrl., Auth.) | | | Yes | Enrl., Auth. | Payer Acknowledgment | |
| | Non-Par | 37303 | Comm | | Prism - First Health | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37315 | Comm | | Prism - Univera - | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37268 | Comm | | Prism Health Networks | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37268 | Comm | | Prism Network | | | | | MedAvant Acknowledgment | |
| | Non-Par | 31132 | Comm | | Pro Health Comp Care | | | | | MedAvant Acknowledgment | |
| | Non-Par | 36331 | Comm | IL | Professional Benefit Administrators, Inc. (Oak Brook, IL address ONLY) | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 59296 | Comm | | Professional Benefits Administrators | | | | | Payer Claim Status | |
| | Non-Par | 41163 | Comm | | Professional Claim Administrators | | | Yes | | Payer Claim Status | |
| | Non-Par | 37242 | Comm | | Professional Claims Management | | | | | MedAvant Acknowledgment | |
| | Par | 34134 | Comm | | Professional Risk Management | | | | | Payer Acknowledgment | |
| | Non-Par | IP105 | Comm | CA | Prospect Medical Group | | | | | MedAvant Acknowledgment | |
| | Par | PHP01 | Comm | | Providence Choice Option | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Par | PHP01 | Comm | | Providence Good Health Plan | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Par | PHP01 | Comm | | Providence Health Plan | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Par | PHP01 | Comm | | Providence Health Plan HMO | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Par | PHP01 | Comm | | Providence Medicaid | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Par | PHP01 | Comm | | Providence Medicaid Option | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Par | PHP01 | Comm | | Providence Medicare Extra | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Par | PHP01 | Comm | | Providence Option | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Par | PHP00 | Comm | | Providence Preferred (PPO) | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Par | PHP01 | Comm | | Providence Traditional Option | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 62308 | Comm | | Provident Healthsource (Cigna) | | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | | Provident Life & Accident | | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | | Provident Life & Casualty | | | Yes | | Payer Claim Status | |
| | Non-Par | 62308 | Comm | | Provident Preferred Network | | | Yes | | Payer Claim Status | |
| | Non-Par | SX106 | Comm | | Public Employees Health Programs - (Enrollment required, please contact PEHP to enroll and obtain a provider id 801-366-7544) | Yes | | | Enrl, Auth | Payer Claims Status | |
| | Non-Par | 91136 | Comm | | Puget Sound Benefits Trust, Grp# F25 (MUST HAVE GRP# ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Non-Par | 91136 | Comm | | Puget Sound Electrical Workers Trust, Grp# 33 (MUST HAVE GRP# ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Par | 39197 | Comm | | QuadMed | | | | | MedAvant Acknowledgment | |
| | Non-Par | 35174 | Comm | AR | Qual Choice of Arkansas | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 01250 | Comm | OH | Qual Choice of Ohio | | | | | Payer Claim Status | |
| | Non-Par | 23342 | Comm | | QualCare, Inc. | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 37129 | Comm | | Quincy Health Care Management Inc. | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 57117 | Comm | | QVI Risk Solutions | | | Yes | | Payer Claim Status | |
| | Non-Par | MR018 | Govn't | | Railroad Medicare - Palmetto GBA | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | 91176 | Comm | AK | RBMS, LLC | | | Yes | | Payer Claim Status | |
| | Non-Par | IP122 | Comm | CA | Regal Bakerfield | | | | | MedAvant Acknowledgment | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|-----------------|-------------|------------------------|----|---|-------------------------------|---------------------------|-----------------------|--|---------------------------|------------------|
| | Non-Par | IP120 | Comm | CA | Regal Medical Group | | | | | MedAvant Acknowledgment | |
| | Non-Par | IP123 | Comm | CA | Regal Victor Valley | | | | | MedAvant Acknowledgment | |
| | Non-Par | 38221 | Comm | | Regency Employee Benefits | | | Yes | | Payer Claims Status | |
| | Non-Par | 47076 | Comm | | Regional Care, Inc | | | Yes | | Payer Claim Status | |
| | Non-Par | RPN01 | Comm | | Rehab Provider Network (RPN) | | | | | Payer Acknowledgment | |
| | Non-Par | RENGQ | Comm | | Renaissance Gulf Quest | | | Yes | | Payer Claim Status | |
| | Non-Par | 16117 | Comm | | RMSCO, Inc. | | | Yes | | Payer Claim Status | |
| | Non-Par | RMHMO | Comm | | Rocky Mountain HMO | Yes | | | Enrl., Auth. | Payer Acknowledgment | |
| | Par | 37602 | Comm | | Rooney Life Inc. | | | | | MedAvant Acknowledgment | |
| | Non-Par | 36389 | Comm | | RUSH Prudential Health Plans (HMO Only) | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 31441 | Comm | | S & S Healthcare Strategies | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 35164 | Comm | IN | Sagamore Health Network | | | | | Payer Claim Status | |
| | Non-Par | 37259 | Comm | | SAMBA | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 37236 | Comm | | San Fran Electrical Workers Health Plan | | | Yes | | Payer Claim Status | |
| | Non-Par | IP027 | Comm | CA | Santa Marta Medical Group (Labs Only) IPA | | | | Authorization | Payer Claim Status | |
| | Non-Par | 77038 | Comm | CA | Sante Health System | | | | | Payer Acknowledgment | |
| | Non-Par | SCAN1 | Comm | CA | SCAN Health Plan | | | | | MedAvant Acknowledgment | |
| | Par | 16146 | Comm | NY | SCHC Total Care | | | | | Payer Claim Status | |
| | Non-Par | 88030 | Comm | TX | Scott & White Health Care Plan [Contact (254) 298-3195 to obtain 5-digit Provider ID.] | Yes | | Yes | | Payer Claim Status | |
| C 06/26/07 | Par | SCHPC | Comm | CA | Scripps Clinic Health Plan Services - Capitated encounters (encounters require rendering provider state license number) | Yes | | | Payer is not accepting new enrollments | Payer Claim Status | |
| C 06/26/07 | Par | SCHPS | Comm | CA | Scripps Clinic Health Plan Services - Fee for service claims (claims require rendering provider state license number) | Yes | | | Payer is not accepting new enrollments | Payer Claim Status | |
| | Par | SHP01 | Comm | CA | Scripps Employee Health Plan | | | | | Payer Claim Status | |
| | Non-Par | IP112 | Comm | CA | Sea View IPA | Yes | | | | MedAvant Acknowledgment | |
| | Non-Par | 13310 | Comm | | Seabury & Smith (Benefit Plan Admin - St. Louis) | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 28530 | Comm | | Secure Health Plans of Georgia, LLC | | No | Yes | | Payer Acknowledgment | |
| | Par | 95959 | Comm | CA | Secure Horizon CA - Pacificare | | | | | Payer Claim Status | |
| | Non-Par | COFHP | Comm | CO | Secure Horizons of Colorado | | | | | Payer Acknowledgment | |
| | Non-Par | 42142 | Comm | | Securecare of Iowa-Infotrust | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 39045 | Comm | | Security Health Plan | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 64088 | Comm | MS | Select Administrative Services (SAS) | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 37282 | Comm | | Select Benefit Admin of America | | | | | Payer Acknowledgment | |
| | Par | 42137 | Comm | IA | Select Benefit Administrators | | | | | MedAvant Acknowledgment | |
| | Non-Par | 23285 | Comm | | Select Health of South Carolina | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 00014 | Comm | | Selectcare | | | Yes | | Payer Acknowledgment | |
| | Non-Par | GTPA1 | Comm | | Selectcare of Texas - Beaumont [Contact (713) 843-6780 to obtain Provider ID] | Yes | | | | Payer Claim Status | |
| | Par | 59111 | Comm | | Self Insured Benefit Administrators | | | | | Payer Acknowledgment | |
| | Par | 59111 | Comm | | Self Insured Benefit Administrators (Clearwater, FL) | | | | | Payer Claims Status | |
| | Non-Par | 36404 | Comm | FL | Self Insured Plans LLC - Payer ID valid only for claims with a submission address of 1016 Collier Center Way, Suite 200, Naples, FL 34110. Please call Customer Service at (239) 403-7884 to verify claims submission to Self Insured Plans - Payer ID 36404 Naples, FL). | | | | | MedAvant Acknowledgment | |
| | Non-Par | 34131 | Comm | | Self-Funded Plans | | | Yes | | Payer Claim Status | |
| | Non-Par | 54154 | Comm | | Sentara Family Care | Yes | | | | MedAvant Acknowledgment | |
| | Non-Par | 54154 | Comm | | Sentara Health Management | Yes | | | | MedAvant Acknowledgment | |
| | Non-Par | 23249 | Comm | PA | Sentinel Management Services | | | Yes | | Payer Acknowledgment | |
| | Par | IP080 | Comm | CA | Seoul Medical Group | | | | | Payer Claim Status | |
| | Non-Par | SHEBP | Comm | TX | Seton Employee Plan | | | Yes | | Payer Claim Status | |
| | Non-Par | SHPCH | Comm | TX | Seton Health Plan - CHIP | | | Yes | | Payer Claim Status | |
| | Non-Par | EPNSH | Comm | TX | Seton Health Plan - Exclusive Provider Network (EPN) | | | Yes | | Payer Claim Status | |
| | Non-Par | SCHZ0 | Comm | AZ | Shaller Anderson Network of Arizona | | | | | Payer Claims Status | |
| | Par | 87726 | Comm | IL | Share Health Plan - ILL/PPO | | | | | Payer Claim Status | |
| | Par | 87726 | Comm | IL | Share Health Plan - ILX/HMO | | | | | Payer Claim Status | |
| | Non-Par | SCG01 | Comm | CA | Sharp Community Medical Group | | | | | Payer Claim Status | |
| | Non-Par | SHP12 | Comm | CA | Sharp Healthplan | | | | | Payer Claim Status | |
| | Non-Par | SMP01 | Comm | CA | Sharp Mission Park Medical Group | | | | | Payer Claim Status | |
| | Non-Par | SRS01 | Comm | CA | Sharp Rees-Stealy Medical Group | | | | | Payer Claim Status | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|--|-------------------------|---------------------|--------------------|---------------------------|-----------------------------------|---------------|
| | Non-Par | 75280 | Comm | | Shasta Administrative Services | | | | | Payer Acknowledgment | |
| | Par | 87815 | Comm | | Shaw Industries (Acordia) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 38238 | Comm | | Sheet Metal Workers Local 104 Health Care Plan | | | | | Payer Acknowledgment | |
| | Non-Par | SMW99 | Comm | | Sheet Metal Workers Local 91 | | | | | MedAvant Acknowledgment | |
| | Par | HM024 | Comm | CA | Shield 65+ (formerly Care America) | | | | Authorization | Payer Claim Status | |
| | Non-Par | 76342 | Comm | NV | Sierra Health Services - Claims | | | | | Payer Claim Status | |
| | Non-Par | 76343 | Comm | NV | Sierra Health Services - Encounters | | | | | Payer Claim Status | |
| | Non-Par | 62159 | Comm | TN | Signature Health Alliance: Only send claims with a billing address of P.O. Box 22419, Nashville, TN 37202-2419 | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 84076 | Comm | | Sinclair Health Plan | | | Yes | | Payer Claim Status | |
| C 03/30/07 | Non-Par | SVH01 | Comm | SD | Sioux Valley Health Plan | Yes | | | | Payer Claim Status - Rejects Only | |
| | Non-Par | 84096 | Comm | | Sloans Lake Managed Care | | | Yes | | Payer Acknowledgment | |
| | Non-Par | SMITH | Comm | TX | Smith Administrators | | | | | Payer Claim Status | |
| | Par | E3510 | Comm | CA | Sonoma County Primary Care | | | | | Payer Claim Status | |
| | Par | AMS01 | Comm | | SoNoran Desert Health | | | | | MedAvant Acknowledgment | |
| | Par | AMS01 | Comm | | Sooner Health Network | | | | | MedAvant Acknowledgment | |
| | Non-Par | 91131 | Comm | | Sound Health (Now known as First Choice Health Network) | Yes | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 32266 | Comm | | South Central Preferred | | | Yes | | Payer Claim Status | |
| | Non-Par | 25147 | Comm | | Southcare/ Healthcare Preferred | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 86068 | Comm | IA | Southeast Iowa Health Plan | Yes | | | | Payer Acknowledgment | |
| | Non-Par | SEI99 | Comm | | Southeastern Service Employees International Union (SEIU) Health & Welfare Fund | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37318 | Comm | | Southern Benefits Services, LLC | | | | | MedAvant Acknowledgment | |
| | Non-Par | 56131 | Comm | | Southern Group Administrators | | No | Yes | | Payer Claims Status | |
| | Non-Par | 25128 | Comm | | Southern Health Services Inc. | | | Yes | | Payer Claim Status | |
| | Non-Par | IP113 | Comm | CA | Southwest Administrators (All claims require the rendering provider's state license number.) | Yes | | | | MedAvant Acknowledgment | |
| | Non-Par | 37266 | Comm | TX | Southwest Service Life | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37259 | Comm | | Special Agents Mutual Benefit Association (SAMBA) | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 52190 | Comm | | Special Risk International (SRI) | | | Yes | | Payer Claim Status | |
| | Non-Par | 23253 | Comm | | Spectrum Administrators Inc., (I.H.S. Gateway Payer) | | | Yes | | Payer Claim Status | |
| | Non-Par | 95286 | Comm | | SSM Exclusive Choice | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 22240 | Comm | | St. Barnabas System Health Plan | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | IP116 | Comm | CA | St. Francis IPA (Applecare Medical Management) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37264 | Comm | | St. John's Claim Administration | | | | | MedAvant Acknowledgment | |
| | Par | IP062 | Comm | CA | St. Joseph Health System(Humboldt) | | | | | MedAvant Acknowledgment | |
| | Non-Par | IP106 | Comm | CA | St. Joseph Heritage Healthcare | | | | | MedAvant Acknowledgment | |
| | Non-Par | IP106 | Comm | CA | St. Joseph Heritage Medical Group (formerly Yorba Park Medical Group) | | | | | MedAvant Acknowledgment | |
| | Non-Par | IP106 | Comm | CA | St. Joseph Hospital Affiliated Physicians | | | | | MedAvant Acknowledgment | |
| | Non-Par | IP106 | Comm | CA | St. Jude | | | | | MedAvant Acknowledgment | |
| | Non-Par | IP106 | Comm | CA | St. Jude Affiliated Physicians | | | | | MedAvant Acknowledgment | |
| | Non-Par | IP106 | Comm | CA | St. Jude Heritage Medical Group | | | | | MedAvant Acknowledgment | |
| C 01/08/07 | Non-Par | 37116 | Comm | IL | St. Therese Physician Associates | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 59225 | Comm | | Star HRG | | | Yes | | Payer Claims Status | |
| | Non-Par | 61425 | Comm | | StarMark | | | Yes | | MedAvant Acknowledgment | |
| | Par | 06057 | Comm | | StarMark - 4Most | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 31053 | Comm | | State Farm Insurance Companies | | | Yes | | Payer Claim Status | |
| | Non-Par | 75087 | Comm | | States General Life Insurance | | | Yes | | Payer Claim Status | |
| | Non-Par | 91151 | Comm | | Sterling Option 1 | | No | Yes | | Payer Acknowledgment | |
| | Par | 31121 | Comm | | Stoner & Associates | | | | | Payer Acknowledgment | |
| | Par | 31121 | Comm | | Stoner and Associates (Cincinnati OH) | | | | | Payer Claims Status | |
| | Par | 58128 | Comm | | Stowe Associates | | | | | Payer Acknowledgment | |
| | Non-Par | 74227 | Comm | | Student Insurance - Mid-West National Life Insurance Company of TN | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 74227 | Comm | | Student Insurance - The Mega Life & Health Insurance Company | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 88331 | Comm | | Suffolk Health Plan of New York | | | Yes | | Payer Claims Status | |
| | Non-Par | 95202 | Comm | | Summacare Health Plan (HMO) [All claims require a claim level rendering provider id.] | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 86071 | Comm | HI | Summerlin Life & Health | | | | | Payer Claim Status | |
| | Non-Par | 86071 | Comm | NV | Summerlin Life & Health | | | | | Payer Claim Status | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|--|-------------------------|---------------------|--------------------|---------------------------|---------------------------|---------------|
| | Non-Par | 37301 | Comm | | Summit America Insurance Services LC | | | | | MedAvant Acknowledgment | |
| | Non-Par | 23218 | Comm | CA | Superior Administrators, Inc. (Payer ID valid for claims with a submission address of P.O. Box 27730, Santa Ana, CA 92799-7730.) | | | Yes | | Payer Claim Status | |
| | Non-Par | 39188 | Comm | TX | Superior Health Plan Texas | Yes | | | Enrl., Auth. | Payer Claim Status | |
| | Par | IP084 | Comm | CA | Sutter Connect - ABMG - Claims | | | | Enrl., Auth. | Payer Claim Status | |
| | Par | HM056 | Comm | CA | Sutter Connect - ABMG - Encounters | | | | Enrl., Auth. | Payer Claim Status | |
| | Par | IP100 | Comm | CA | Sutter Connect - Delta - Claims | | | | Enrl., Auth. | Payer Claim Status | |
| | Par | HM063 | Comm | CA | Sutter Connect - Delta - Encounters | | | | Enrl., Auth. | Payer Claim Status | |
| | Par | IP090 | Comm | CA | Sutter Connect - Santa Rosa Network - Claims | | | | Enrl., Auth. | Payer Claim Status | |
| | Par | HM057 | Comm | CA | Sutter Connect - Santa Rosa Network - Encounters | | | | Enrl., Auth. | Payer Claim Status | |
| | Par | IP092 | Comm | CA | Sutter Connect - SIP, SMG, SWMG - Claims | | | | Enrl., Auth. | Payer Claim Status | |
| | Par | HM059 | Comm | CA | Sutter Connect - SIP, SMG, SWMG - Encounters | | | | Enrl., Auth. | Payer Claim Status | |
| | Par | IP099 | Comm | CA | Sutter Connect - Solano Regional Medical Group - Claims | | | | Enrl., Auth. | Payer Claim Status | |
| | Par | HM062 | Comm | CA | Sutter Connect - Solano Regional Medical Group - Encounters | | | | Enrl., Auth. | Payer Claim Status | |
| | Par | IP091 | Comm | CA | Sutter Connect - Sutter Gould Medical Foundation - Claims | | | | Enrl., Auth. | Payer Claim Status | |
| | Par | HM058 | Comm | CA | Sutter Connect - Sutter Gould Medical Foundation - Encounters | | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | IP127 | Comm | | Synermed | | | | | MedAvant Acknowledgment | |
| N 06/15/07 | Non-Par | TALMG | Comm | | Talbert Medical Group | | | | | MedAvant Acknowledgment | |
| | Non-Par | 37228 | Comm | TX | Tarrant Health Services | | | | | MedAvant Acknowledgment | |
| | Non-Par | 39157 | Comm | WI | TBG Administrative Services | | | | | Payer Claim Status | |
| | Non-Par | 75261 | Comm | | Team Choice PNS | | | Yes | | Payer Claim Status | |
| | Non-Par | 75133 | Comm | | Team Choice PNS | | | Yes | | Payer Claim Status | |
| | Non-Par | 75261 | Comm | | Team Choice UMC | | | | | Payer Claim Status | |
| | Non-Par | 75134 | Comm | | Team Choice UMC | | | Yes | | Payer Claim Status | |
| | Non-Par | 36215 | Comm | | Teamcare | | | Yes | | Payer Claim Status | |
| | Non-Par | 36612 | Comm | | Teamsters Local Union #301 | | | Yes | | Payer Acknowledgment | |
| | Non-Par | MC092 | Govn't | TN | TennCare (through Tennessee Blue Shield) | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | GTPA1 | Comm | | Texan Plus - Beaumont [Contact (713) 843-6780 to obtain Provider ID] | Yes | | | | Payer Claim Status | |
| | Non-Par | 76048 | Comm | TX | Texas Children's Health Plan | | | Yes | | Payer Claim Status | |
| | Non-Par | TXCSM | Comm | TX | Texas Children's Star Medical | | | Yes | | Payer Claim Status | |
| | Non-Par | 74214 | Comm | TX | Texas Municipal League TML | | | | | MedAvant Acknowledgment | |
| | Non-Par | TTCEC | Comm | TX | Texas True Choice | | | | | Payer Claim Status | |
| | Non-Par | UPGUT | Comm | TX | Texas University Health Plan - UPG Commercial | | | Yes | | Payer Claim Status | |
| | Non-Par | BOONG | Comm | | The Boon Group | | | Yes | | Payer Claim Status | |
| | Non-Par | 74227 | Comm | | The Chesapeake Life Insurance Company - Student Insurance | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 28777 | Comm | | The EPOCH Group | | | | | MedAvant Acknowledgment | |
| | Par | 34150 | Comm | OH | The Health Plan - Services ordered by outside provider require referring provider on a HCFA and attending Physician on a UB. Please provide physician name and UPIN if available. | | | | | MedAvant Acknowledgment | |
| | Non-Par | 35206 | Comm | | The Healthcare Group | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 58200 | Comm | GA | The Integrity Benefit Network, Inc. (Marietta, GA) | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 23223 | Comm | | The Loomis Company | | | Yes | | Payer Claims Status | |
| | Non-Par | 59227 | Comm | | The MEGA Life & Health Insurance Company - OKC | | | Yes | | Payer Claims Status | |
| | Non-Par | 74227 | Comm | | The Mega Life & Health Insurance Company - Student Insurance | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 59221 | Comm | | The MEGA Life and Health Insurance | | | Yes | | Payer Claim Status | |
| | Non-Par | 70491 | Comm | | The Mutual Group (US) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 70491 | Comm | | The Mutual Group/TMG Life Insurance Group | | | | | MedAvant Acknowledgment | |
| | Non-Par | 63092 | Comm | AL | The OATH - A Health Plan For Alabama (Note: all claims require a 4-6 digit rendering provider id, please contact The OATH prior to sending @ 800-743-7141 for provider Enrl., Auth.) | Yes | | Yes | | Payer Acknowledgment | |
| | Non-Par | 13142 | Comm | | The Union Labor Life Insurance Company | | | | | Payer Claims Status | |
| | Non-Par | 13142 | Comm | | The Union Labor Life Insurance Company | | | | | Payer Acknowledgment | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|--|-------------------------|---------------------|--------------------|---------------------------|-----------------------------------|---------------|
| | Non-Par | 37225 | Comm | IL | Third Party Administrators, Inc. (Providers must contact Julie Blazek with TPA at 630-416-1111 x156 before sending claims electronically) **PROVIDERS NOTE: only claims destined for 1733 Park St., Suite 300 Naperville, IL 60563, should be sent using this payer id** | | | | | MedAvant Acknowledgment | |
| | Non-Par | 25175 | Comm | | Three Rivers Health Plan (must put provider id on claim, id must be 12 digits, please call 800-600-9007 if you have questions about the provider id) | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | TIC99 | Comm | | TIC International, Inc. | | | | | MedAvant Acknowledgment | |
| | Non-Par | 39065 | Comm | | Time Insurance Company | | | Yes | | Payer Claim Status | |
| | Non-Par | 74214 | Comm | TX | TML Intergovernmental Employee Benefits Pool | | | | | MedAvant Acknowledgment | |
| N 06/15/07 | Non-Par | 48055 | Comm | | Todays Option - Pryamid | | | | | MedAvant Acknowledgment | |
| | Non-Par | 92620 | Comm | AK | Tongass Timber Trust | | | | | Payer Claim Status | |
| | Non-Par | 61425 | Comm | | Tooling and Manufacturing Association | | | Yes | | MedAvant Acknowledgment | |
| | Par | TCARE | Comm | NY | TOTAL CARE | | | | | Payer Claim Status | |
| | Non-Par | TCS99 | Comm | | Total Claims Solutions | | | | | MedAvant Acknowledgment | |
| | Non-Par | 38201 | Comm | | Total Healthcare, Inc. | | | Yes | | Payer Claim Status | |
| | Non-Par | 23856 | Comm | | Touchstone Health PSO | | | Yes | | Payer Claim Status | |
| | Non-Par | 13402 | Comm | | TOUCHSTONE HEALTH/HEALTH NET SMART CHOICE | | | Yes | | Payer Claims Status | |
| | Non-Par | 69493 | Comm | | Tower Life Insurance Company | | | Yes | | Payer Claim Status | |
| C 01/29/07 | Non-Par | 37230 | Comm | | TR Paul | | | Yes | | MedAvant Acknowledgment | |
| N 02/02/07 | Non-Par | FLU01 | Comm | | Trailblazers (Central Flu Billing) | | | | | MedAvant Acknowledgment | |
| | Non-Par | 59222 | Comm | | TransAmerica Life Insurance Co. (The insured ID number is 10 digits numeric, please add leading zeros to the number to make it 11 digits) | | | Yes | | Payer Claim Status | |
| | Non-Par | 37284 | Comm | | TransChoice-KBA | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 37284 | Comm | | TransChoice-Key Benefit Administrators | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | TRAN1 | Comm | | Transwestern | | | | | Payer Claim Status | |
| | Par | 87726 | Comm | CA | Travelers Health Network - HMO (Metrahealth) | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | Travelers/CGT-PPO | Yes | | | | Payer Claim Status | |
| | Par | CH001 | Govn't | AL | TRICARE - Alabama - South Region | Yes | | | Enroll | Payer Claim Status | |
| | Non-Par | CH003 | Govn't | AK | TRICARE - Alaska - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Non-Par | CH003 | Govn't | AZ | TRICARE - Arizona - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Par | CH001 | Govn't | AR | TRICARE - Arkansas - South Region | Yes | | | Enroll | Payer Claim Status | |
| | Non-Par | CH003 | Govn't | CA | TRICARE - California - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Non-Par | CH003 | Govn't | CO | TRICARE - Colorado - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Par | CH002 | Govn't | CT | TRICARE - Connecticut - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH002 | Govn't | DE | TRICARE - Delaware - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH002 | Govn't | DC | TRICARE - District of Columbia - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH001 | Govn't | FL | TRICARE - Florida - South Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH001 | Govn't | GA | TRICARE - Georgia - South Region | Yes | | | Enroll | Payer Claim Status | |
| | Non-Par | CH003 | Govn't | HI | TRICARE - Hawaii - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Non-Par | CH003 | Govn't | ID | TRICARE - Idaho - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Par | CH002 | Govn't | IL | TRICARE - Illinois - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH002 | Govn't | IN | TRICARE - Indiana - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Non-Par | CH003 | Govn't | IA | TRICARE - Iowa (excluding Rock Island [Illinois] area) - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Par | CH002 | Govn't | IA | TRICARE - Iowa (the Rock Island [Illinois] Arsenal area) - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Non-Par | CH003 | Govn't | KS | TRICARE - Kansas - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Par | CH002 | Govn't | KY | TRICARE - Kentucky - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH001 | Govn't | LA | TRICARE - Louisiana - South Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH002 | Govn't | ME | TRICARE - Maine - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH002 | Govn't | MD | TRICARE - Maryland - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH002 | Govn't | MA | TRICARE - Massachusetts - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH002 | Govn't | MI | TRICARE - Michigan - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Non-Par | CH003 | Govn't | MN | TRICARE - Minnesota - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Par | CH001 | Govn't | MS | TRICARE - Mississippi - South Region | Yes | | | Enroll | Payer Claim Status | |
| | Non-Par | CH003 | Govn't | MO | TRICARE - Missouri (excluding the St. Louis area) - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|-----------------|-------------|------------------------|----|---|-------------------------------|---------------------------|-----------------------|------------------------------|-----------------------------------|------------------|
| | Par | CH002 | Govn't | MO | TRICARE - Missouri (the St. Louis area, including MO zip codes in the Scott AFB [Illinois] catchment area; and the eastern MO/ St. Louis non-catchment area) - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Non-Par | CH003 | Govn't | MT | TRICARE - Montana - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Non-Par | CH003 | Govn't | NE | TRICARE - Nebraska - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Non-Par | CH003 | Govn't | NV | TRICARE - Nevada - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Par | CH002 | Govn't | NH | TRICARE - New Hampshire - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH002 | Govn't | NJ | TRICARE - New Jersey - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Non-Par | CH003 | Govn't | NM | TRICARE - New Mexico - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Par | CH002 | Govn't | NY | TRICARE - New York - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH002 | Govn't | NC | TRICARE - North Carolina - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Non-Par | CH003 | Govn't | ND | TRICARE - North Dakota - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Par | CH002 | Govn't | OH | TRICARE - Ohio - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH001 | Govn't | OK | TRICARE - Oklahoma - South Region | Yes | | | Enroll | Payer Claim Status | |
| | Non-Par | CH003 | Govn't | OR | TRICARE - Oregon - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Par | CH002 | Govn't | PA | TRICARE - Pennsylvania - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH002 | Govn't | RI | TRICARE - Rhode Island - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH001 | Govn't | SC | TRICARE - South Carolina - South Region | Yes | | | Enroll | Payer Claim Status | |
| | Non-Par | CH003 | Govn't | SD | TRICARE - South Dakota - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Par | CH001 | Govn't | TN | TRICARE - Tennessee (excluding the Fort Campbell, Kentucky area) - South Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH002 | Govn't | TN | TRICARE - Tennessee (the Fort Campbell, Kentucky catchment area) - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH001 | Govn't | TX | TRICARE - Texas (excluding, only, the extreme southwestern El Paso area) - South Region | Yes | | | Enroll | Payer Claim Status | |
| | Non-Par | CH003 | Govn't | TX | TRICARE - Texas (the southwestern corner including El Paso, only) - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Non-Par | CH003 | Govn't | UT | TRICARE - Utah - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Par | CH002 | Govn't | VT | TRICARE - Vermont - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH002 | Govn't | VA | TRICARE - Virginia - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Non-Par | CH003 | Govn't | WA | TRICARE - Washington - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Par | CH002 | Govn't | WV | TRICARE - West Virginia - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Par | CH002 | Govn't | WI | TRICARE - Wisconsin - North Region | Yes | | | Enroll | Payer Claim Status | |
| | Non-Par | CH003 | Govn't | WY | TRICARE - Wyoming - West Region | Yes | | | Enroll | Payer Claim Status - Rejects Only | |
| | Par | IP060 | Comm | CA | Trinidad Rancheria | | | | | MedAvant Acknowledgment | |
| | Par | AMS01 | Comm | | Tristate | | | | | MedAvant Acknowledgment | |
| | Non-Par | TCUSA | Comm | TX | True Choice USA | | | Yes | | Payer Claim Status | |
| | Par | 91078 | Comm | | Trusteed Plans Service Corporation | | | | | Payer Acknowledgment | |
| | Par | 06056 | Comm | | TrustMark - 4Most | | | | | MedAvant Acknowledgment | |
| | Non-Par | 61425 | Comm | | Trustmark Insurance Company | | | Yes | | MedAvant Acknowledgment | |
| | Par | 04298 | Comm | | Tufts Health Plan | Yes | | Yes | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | 75206 | Comm | TX | TXEN Altpros | | | Yes | | Payer Claim Status | |
| | Par | 87726 | Comm | | UBH - United Behavioral Health (RIOS) | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | UBH Rios | | | | | Payer Acknowledgment | |
| | Par | 87726 | Comm | | UBH- United Behavioral Health (former MetraHealth - UNET) | Yes | | | | Payer Claim Status | |
| | Non-Par | UFC98 | Comm | OH | UFCW- Central Ohio | | | | | MedAvant Acknowledgment | |
| | Par | UFC97 | Comm | | UFCW Local 400-5205 / Employers Benefit Plans of Northern CA Group Administration | | | | | MedAvant Acknowledgment | |
| | Non-Par | 22329 | Comm | NJ | UHP of New Jersey (Centene) | | | Yes | | Payer Claim Status | |
| | Non-Par | 74223 | Comm | NV | UICI - Administrators - Nevada only (through Benefit Planners, Inc.) | | | Yes | | Payer Claim Status | |
| | Non-Par | 75240 | Comm | | UICI Administrators | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 52180 | Comm | | UMWA Health & Retirement Funds | | | Yes | | MedAvant Acknowledgment | |
| | Par | 80314 | Comm | | UNICARE | | | Yes | | Payer Claim Status | |
| | Par | 65099 | Comm | | UNICARE (Old John Hancock) | | | Yes | | Payer Claim Status | |
| | Non-Par | 47195 | Comm | | Unicare of Texas - HMO | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 62170 | Comm | | Unified Health Services (Workman's Comp Only) | | | Yes | | MedAvant Acknowledgment | |
| C 06/15/07 | Non-Par | 75243 | Comm | | Uniform Medical Plan/ Harrington Benefit Services | | | | | MedAvant Acknowledgment | |
| | Non-Par | 13407 | Comm | | Uniformed Services Family Health Plan | | | Yes | | Payer Claim Status | |
| | Non-Par | 87042 | Comm | | Union Pacific Railroad Employees Health System | | | Yes | | Payer Claim Status | |
| | Non-Par | 70408 | Comm | | Union Security Insurance Company - (FormerlyFortis Benefits Insurance Company) | | | Yes | | Payer Claim Status | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|--------------|----------|---------------------|----|--|-------------------------|---------------------|--------------------|---------------------------|---------------------------|---------------|
| | Non-Par | IP126 | Comm | CA | United Agriculture Benefit Trust | | | | | MedAvant Acknowledgment | |
| | Par | 87726 | Comm | | United Behavioral Health (UBH) | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | United Behavioral Health (UBH) | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | United HealthCare | Yes | | | | Payer Claim Status | |
| | Non-Par | 87726 | Comm | | United HealthCare | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | United HealthCare (formerly MetraHealth Care Plans, Met Life, Metropolitan Life Ins Co, MetraHealth Elect, MetraHealth Healthcare Network HMO) (no vision claims) | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | United HealthCare (formerly MetraHealth Healthcare Network PPO, New York State Employees (Empire), Travelers Ins Co, Travelers Plan Administrators) (no vision claims) | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | United HealthCare (formerly The Travelers, Travelers Health Network) | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | AL | United HealthCare of Alabama | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | AZ | United HealthCare of Arizona, Inc. | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | AR | United HealthCare of Arkansas | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | CA | United HealthCare of California - Northern Calif. | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | CA | United HealthCare of California - Southern Calif. | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | CO | United HealthCare of Colorado, Inc. | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | FL | United HealthCare of Florida | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | GA | United HealthCare of Georgia | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | IL | United HealthCare of Illinois | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | KY | United HealthCare of Kentucky, Ltd. | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | MS | United HealthCare of Mississippi | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | United HealthCare of New England | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | United HealthCare of New York (includes New York and New Jersey) | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | NC | United HealthCare of North Carolina, Inc. | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | OH | United HealthCare of Ohio | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | TX | United HealthCare of Texas -Dallas | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | TX | United HealthCare of Texas- Houston | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | United HealthCare of the Mid-Atlantic | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | United HealthCare of the Midlands - HMO (Choice Select) | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | United HealthCare of the Midlands - PPO (Choice Plus, Select Plus, Self Funded) | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | United HealthCare of the Midwest - Choice, Choice Plus, Select, Select Plus | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | United HealthCare of the Midwest - Medicare Complete | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | NY | United HealthCare of Upstate New York | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | UT | United HealthCare of Utah | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | VA | United HealthCare of Virginia | Yes | | | | Payer Claim Status | |
| | Par | 87726 | Comm | | United HealthCare Plans of Puerto Rico | Yes | | | | Payer Claim Status | |
| | Non-Par | 31107 | Comm | | United Medical Resources | | | Yes | | Payer Claim Status | |
| C 04/25/07 | Par | 71412 | Comm | | United of Omaha | | | | | Payer Acknowledgment | |
| | Non-Par | 84132 | Comm | | United Physicians of Northern Colorado (UPNC) | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 41194 | Comm | | United Resource Network | | | Yes | | Payer Claim Status | |
| | Par | AMS01 | Comm | | Unity/Precision Health Plans | | | | | MedAvant Acknowledgment | |
| | Non-Par | HC001 | Comm | | Univera Healthcare | | | | Enrl., Auth. | Payer Claim Status | |
| | Non-Par | HC001 | Comm | | Univera Healthcare - CNY | | | | Enrl., Auth. | | |
| | Non-Par | 33001 | Comm | CA | Universal Care - California | Yes | | Yes | | Payer Acknowledgment | |
| | Non-Par | UNIV1 | Comm | FL | Universal Health Care | | | Yes | | Payer Claim Status | |
| | Non-Par | 38298 | Comm | | Universal Standard Healthcare | | | | | Payer Acknowledgment | |
| | Non-Par | 22329 | Comm | NJ | University Health Plan of New Jersey (Centene) | | | Yes | | Payer Claim Status | |
| N 04/13/07 | Non-Par | 95279 | Comm | | University of Miami Behavioral Health | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | SX155 | Comm | UT | University of Utah Health Plans | | | | Authorization | Payer Claims Status | |
| | Non-Par | 91136 | Comm | | University of Washington Students & Graduate Appts., Grp# P67 (MUST HAVE GRP# ON CLAIM) | | | Yes | | Payer Claim Status | |
| | Non-Par | 23281 | Comm | | UPMC Health Plan | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 38337 | Comm | | Upper Peninsula Health Plan | | No | | | Payer Acknowledgment | |
| | Non-Par | 93092 | Comm | OR | US Benefits | | | | | Payer Claim Status | |

| New Payer | Par/ Non-Par | Payer ID | Comm/ Govn't/ Paper | ST | Payer Name | Provider ID Req. Yes/No | COB Accepted Yes/No | NPI Enabled Yes/No | Enrollment/ Authorization | Response Level From Payer | Test Required |
|------------|-----------------|-------------|------------------------|----|---|-------------------------------|---------------------------|-----------------------|------------------------------|-----------------------------------|------------------|
| | Non-Par | USFHP | Comm | | US Family Health Plan (USFHP) - Texas and Louisiana (Please contact the USFHP Provider Relation Department at (713) 683-2018 to enroll as an EDI Submitter for professional claims.) | | | Yes | | Payer Claim Status | |
| | Non-Par | 74095 | Comm | | USAA (United States Automobile Association) | | No | Yes | | Payer Acknowledgment | |
| N 01/31/07 | Non-Par | UTICA | Comm | | Utica | | | | | Payer Claim Status | |
| | Non-Par | 36369 | Comm | | Utilimed | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 12115 | Comm | | VA Fee Basis Programs | | | Yes | | Payer Acknowledgment | |
| | Non-Par | VPN01 | Comm | | VA Premier Health Plan Inc. | Yes | | | Enrl., Auth. | MedAvant Acknowledgment | |
| | Non-Par | 94999 | Comm | | Valley Baptist Health Plan | | | | | Payer Claim Status | |
| | Non-Par | VHP99 | Comm | | Valley Health Plan | | | | | MedAvant Acknowledgment | |
| | Par | IP044 | Comm | CA | Valley of the Moon | | | | | MedAvant Acknowledgment | |
| | Non-Par | 77004 | Comm | CA | Valley Physician's IPA | | No | | | Payer Acknowledgment | |
| | Non-Par | 72128 | Comm | | Vantage Health Plan, Inc. | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 73288 | Comm | | VENCOR | | | Yes | | Payer Claim Status - Rejects Only | |
| | Non-Par | 23173 | Comm | | VHP Community Care | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 24818 | Comm | | Vida Care | | | Yes | | Payer Claim Status | |
| | Non-Par | BVVP1 | Comm | | VIPA | | | | | Payer Claim Status | |
| | Non-Par | 37297 | Comm | | Vision Care Incorporated | | | | | MedAvant Acknowledgment | |
| | Non-Par | 86079 | Comm | | Vista Del Sol Health Care | | No | | | Payer Acknowledgment | |
| | Non-Par | 55248 | Comm | FL | Vista Health Plan (A Vista Health Plan assigned provider number must be present on each claim.) | Yes | No | Yes | | Payer Claim Status | |
| N 06/15/07 | Non-Par | 59266 | Comm | | Volusia | | | | | MedAvant Acknowledgment | |
| | Non-Par | 22264 | Comm | NY | Vytra | Yes | | Yes | | Payer Claim Status | |
| | Non-Par | 62111 | Comm | TN | W.C. Beeler & Company | | No | Yes | | Payer Acknowledgment | |
| | Non-Par | 37294 | Comm | | Washington Employers Trust | | | | | MedAvant Acknowledgment | |
| | Non-Par | 73155 | Comm | | Waterstone Benefits Administrators | | | Yes | | Payer Claim Status | |
| | Non-Par | 58082 | Comm | | Watkins Associated Industries, Inc. | | | Yes | | Payer Acknowledgment | |
| C 03/06/07 | Non-Par | 39026 | Comm | | Wausau Benefits, Inc. | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 11123 | Comm | | Wausau Insurance Company | | | Yes | | Payer Acknowledgment | |
| | Non-Par | 39151 | Comm | | Wea Insurance Group | Yes | | Yes | | Payer Acknowledgment | |
| | Non-Par | 75261 | Comm | TX | Web TPA | | | | | Payer Claim Status | |
| | Non-Par | 14163 | Comm | | Wellcare HMO, Inc. | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 14163 | Comm | GA | Wellcare HMO/GA Medicaid | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 14164 | Comm | NY | Wellcare of Connecticut, Inc. | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 14164 | Comm | NY | Wellcare of New York, Inc. | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | WELM2 | Comm | | Wellmed | | | | | Payer Claim Status | |
| | Non-Par | 22925 | Comm | | WELS Benefit Plan Office | | | Yes | | Payer Claims Status | |
| | Non-Par | IP026 | Comm | AZ | Western Arizona Regional Physicians (Labs Only) | | | | Authorization | Payer Claim Status | |
| | Par | 93128 | Comm | | Western Benefits (Western Grocers) | | | | | Payer Claim Status | |
| | Par | 24735 | Comm | | Western Growers Assurance Trust | | | | | MedAvant Acknowledgment | |
| | Par | 24735 | Comm | | Western Growers Insurance Company | | | | | MedAvant Acknowledgment | |
| C 01/29/07 | Non-Par | 37306 | Comm | | Western Health, Inc. | | | Yes | | | |
| | Non-Par | 37247 | Comm | | Western Mutual Insurance / WMI-TPA (located in Murray, UT) | | | | | MedAvant Acknowledgment | |
| | Par | 31048 | Comm | | Western Southern Financial Group | | | | | Payer Acknowledgment | |
| | Non-Par | IP023 | Comm | CA | Westgrove Medical Group (Labs Only) - IPA | | | | Authorization | Payer Claim Status | |
| | Non-Par | 38232 | Comm | | Weyco, Inc. | | No | | | Payer Acknowledgment | |
| N 06/15/07 | Non-Par | 93050 | Comm | | William C Earhart Co., Inc. | | | | | MedAvant Acknowledgment | |
| | Non-Par | 98010 | Comm | | William J Sutton & Co. Ltd | | | | | Payer Acknowledgment | |
| | Non-Par | 98010 | Comm | | William J. Sutton & Company, LTD. (Toronto, Canada) | | | | | Payer Claims Status | |
| | Non-Par | 62061 | Comm | | Willis Administrative Services Corp. | | | Yes | | Payer Claim Status | |
| | Non-Par | 73159 | Comm | | Winterbrook Healthcare | | | Yes | | Payer Claim Status | |
| | Par | 39200 | Comm | | Wisconsin Auto & Truck Dealers Ins Corp | | | | | Payer Acknowledgment | |
| | Par | 39200 | Comm | | Wisconsin Auto and Truck Dealers | | | | | Payer Claims Status | |
| | Non-Par | WPS01 | Comm | WI | Wisconsin Commercial | Yes | | Yes | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | WOA99 | Comm | | Woodman of the World/ Omaha Woodman | | | | | MedAvant Acknowledgment | |
| | Non-Par | 75276 | Comm | | World Insurance Company | | | Yes | | Payer Acknowledgment | |
| | Non-Par | WPS01 | Comm | WI | WPS Commercial | Yes | | | Enrl., Auth. | Payer Claim Status - Rejects Only | |
| | Non-Par | 23710 | Comm | | Writer's Guild Industry Health Plan | | | Yes | | Payer Claim Status | |
| | Non-Par | 06121 | Comm | | Yale New Haven Health - MSO, Inc. | | | Yes | | MedAvant Acknowledgment | |
| | Non-Par | 95376 | Comm | CT | Yale Preferred | | No | | | Payer Acknowledgment | |
| | Non-Par | 75285 | Comm | | Young Life | | | | | Payer Claim Status | |