



Sent via (U.S. Mail)

December 13, 2010

Dear WHP Provider:

In May, Welborn Health Plans (WHP) notified you about our new relationship with Sagamore Health Network (SHN). In the past few months, it has come to our attention a number of WHP member claims are being submitted to Sagamore in error. **As a reminder, as a WHP participating provider, there were no associated changes for you or your practice. All WHP member claims should still be submitted to the appropriate WHP claims mailing addresses.**

Enclosed, please find sample ID cards for WHP fully-insured and self-funded members, highlighting the claims mailing addresses. Should you have any additional questions after reviewing the enclosed information, please contact Provider Services at (812) 426-6600, option 4.

We truly appreciate your participation and ongoing support of WHP!

Welborn Health Plans
Provider Services Department

WHP Fully-Insured

WELBORN HEALTH PLANS
WHP Customer Service
800.521.0265
www.welbornhealthplans.com
POS - Indiana

Member
TEST EMPLOYER
Subscriber: JOHN H SMITH
Group #: 001000
Member: JOHN H SMITH
Member ID: 100099999-01
PCP Name: BRUCE BARRY JR
PCP Phone: 812.385.9999

Medical Plan
WELBORN HEALTH PLANS
SMMC/DEAC
Office Visit: \$20

Pharmacy Plan
Rx BIN: 003858
PCN: A4
Rx GRP: K8TA
Rx: \$10/25/40

Vision Plan
VSP
www.vsp.com
800.877.7195

SCRIP WORLD
www.express-scripts.com
Member: 888.470.0781
Pharmacy: 800.524.0588

Front

Medical Claims Submission
Welborn Health Plans
101 S.E. Third Street
Evansville, IN 47708
IN Relay # 800.743.3333
KY Relay # 800.648.6066

Eligibility
For eligibility call:
812.426.6600 or 800.521.0265
This card is for identification only; it is not a guarantee of coverage.

PHCS
MultiPlan

Precertification
PRECERTIFICATION: Required 48 hours in advance for all elective hospitalizations, surgery in a surgical facility, home health/hospice services and certain durable medical equipment purchases.
Medically Necessary: Failure to obtain required precertification results in the penalty indicated in the Benefit Summary.
Non-Medically Necessary: Services that do not meet medical necessity are not covered.

Index#: E

Back

Question: Where do I submit claims?

Answer: Claims should continue to be submitted to the following address:
101 S.E. Third Street, Evansville, IN 47708

WHP Self-Funded

MERITAIN HEALTH
Customer Service
866.441.0081
www.mywelbornhealthplans.com

Member
Employer: Group Name
Group #: 123
Member: JOHN Q SAMPLE
Member ID: 06391Z31234

Medical Plan
Coverage: Family
WELBORN HEALTH PLANS
Office Visit Copay: \$25 Urgent Care Copay: \$25
ER Copay: \$50 - Waived if admitted

Pharmacy Plan
Rx Bin: 003858
PCN: A4
Rx Group: NY4E

SCRIP WORLD
www.express-scripts.com
Member: 800.451.6245
Pharmacy: 800.235.4357

Front

Medical Claims Submission
EDI: WebMD/Envoy Payor ID 64157
Mail: Meritain Health
PO Box 853921
Richardson, TX 75085-3921

Eligibility
Call 866.441.0081 or visit
www.mywelbornhealthplans.com for inquiries regarding eligibility, claims and plan benefits.
For Provider Services, please call 866.441.0081.

Utilization
Call 866.349.8033. Medical Management is required on inpatient admissions and may be required on selected outpatient procedures, services or supplies. Failure to comply may reduce benefits.

Out of Network
Enhanced Savings Program
First Health Network
INDEX#: 007

Back

Question: Where do I submit claims?

Answer: Claims should continue to be submitted to the following address:
PO Box 853921, Richardson, TX 75085-3921
EDI Payor ID #64157