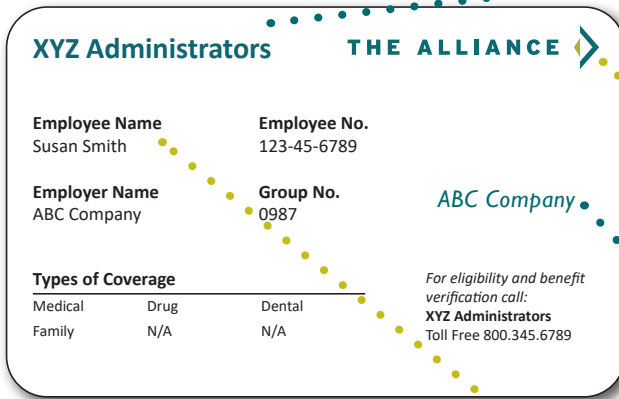



ISSUING ID CARDS FOR ALLIANCE MEMBERS

Sample card front



XYZ Administrators **THE ALLIANCE** 

Employee Name
Susan Smith

Employee No.
123-45-6789

Employer Name
ABC Company

Group No.
0987

ABC Company

Types of Coverage		
Medical	Drug	Dental
Family	N/A	N/A

For eligibility and benefit verification call:
XYZ Administrators
Toll Free 800.345.6789

Third-Party Administrator

The TPA maintains eligibility information, determines if services are covered, processes claims for payment, and handles precertification, if needed. Call the TPA if you have questions about claims status, benefits, eligibility, or pre-authorization.

The Alliance® Logo

The Alliance logo may appear on the front or back side of the card, but is always present to identify the network. The Alliance provider network contracts supersede all other network contracts.

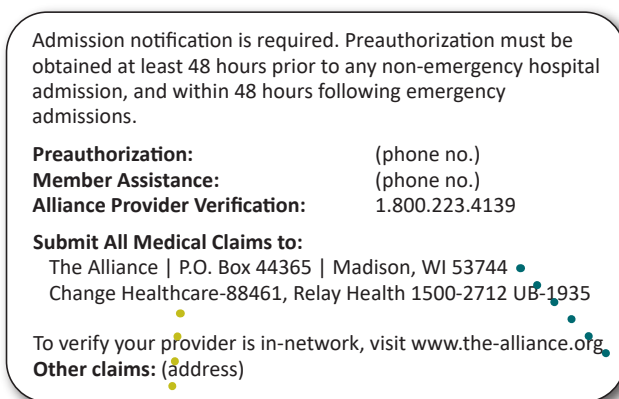
Employer Name or Logo

The name of the patient's employer should be located near the patient's name. Often the employer's logo is included on the card.

Employee Name and Number

It is important to copy the patient's name and number exactly as it appears on the card. If you submit claims via Electronic Data Interchange (EDI), this ensures the claim is always accepted on the first submission. If your organization normally adds a two-digit suffix (person code), please remove it before submitting the claim to us electronically.

Sample card back



Admission notification is required. Preauthorization must be obtained at least 48 hours prior to any non-emergency hospital admission, and within 48 hours following emergency admissions.

Preauthorization: (phone no.)
Member Assistance: (phone no.)
Alliance Provider Verification: 1.800.223.4139

Submit All Medical Claims to:
The Alliance | P.O. Box 44365 | Madison, WI 53744
Change Healthcare-88461, Relay Health 1500-2712 UB-1935

To verify your provider is in-network, visit www.the-alliance.org.

Other claims: (address)

Payer Identification Numbers

The Alliance works with two clearinghouses for electronic claims submission, Change Healthcare and Relay Health. The Alliance payer identification numbers are as follows:

- > Change Healthcare # 88461
- > Relay Health 1500 CPID # 2712
- > Relay Health UB CPID # 1935

Additional questions or concerns regarding our payer identification numbers or EDI connectivity, can be directed to The Alliance Senior Programmer at 608.210.6656.

Ways to submit medical claims

Please send **all** medical/surgical, home health, mental health and chiropractic claims to The Alliance. The card may provide either the mailing address for The Alliance, the payer identification number for electronic claims, or both.