ISSUING ID CARDS FOR ALLIANCE MEMBERS

Sample card front

XYZ Administrators
Employee Name: Susan Smith
Employee No.: 123-45-6789
Employer Name: ABC Company
Group No.: 0987
Types of Coverage:
- Medical
- Drug: N/A
- Dental: N/A

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

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.

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.

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.