

AMI – Insurance Information Sheet

09/09/2024

Horizon :

- Some Horizon plans now have a prefix that includes a number (ex: A3Q, T3G)
- Local 54 prefix is UXI (the letter I, not a #1)
- Out of state plans will not have a “3HZN” in the ID number
- Horizon OOS plans use PO Box 1301. Carrier code BL013, may need precert for MRI/CT/NM/PET
- Horizon Medicare Blue (prefix NJN, YKO, etc) Card will say Horizon Medicare Advantage on it. ALWAYS takes the place of Medicare. Carrier code is BL007, Medicare should not be listed in the profiles. Braven (BR025)
- ID numbers with prefixes TWP, QCD, INW, EGD, UFP get billed to Health Care Solutions. Carrier code NTW010. Need approval for ALL studies. Phone number 1-800-655-8125
- Hackensack Meridian Health (prefix KDP, K2P)- **Patient must sign waiver** to be seen for all services/modalities.
- St. Barnabas Health- **Patient must sign waiver** to be seen for all services/modalities.
- THE EMPIRE PLAN is not HORIZON OOS (Empire BCBS) Please use TH003
- KEYSTONE HORIZON BCBS
 - Particular Counties Pt can Be Seen In.
 - Camden – Sicklerville
 - Gloucester – Glassboro, Woolwich, Mullica Hill, Deptford
 - Burlington – If you consider the VI Medford Satellite Office. We do bill out of this locations for consults
 - Referrals and /or authorizations are required for all studies.

BlueCross. Keystone First

Member Name
Last name, First name
Keystone First ID
YXV123456789

Sex: Male/Female
DOB: MM/DD/YYYY
State ID: XYZ123456789

Primary Care Practitioner (PCP)
Last Name, First Name
Group Name
PCP Phone Number
(666) 666-1234
Lab XXXXXXXX
Dental XXXXXXXX

RxBIN #000420 RxCN #01940000

Copays
ER XX RX(G) XX
PCP XX RX(B) XX
SPEC XX

Always carry your Keystone First card and your ID card. Your ID card is your proof of coverage. If you lose your ID card, please call 1-800-454-4545. If you get emergency care, please call 911. If you get emergency care, please call 911. If you get emergency care, please call 911. If you get emergency care, please call 911.

www.bluexfirst.com
Keystone First: 1-800-454-4545, TTY 1-800-454-4545
Member Center: 1-800-454-4545
In-are providers
1-800-454-4545
Out-of-are providers
1-800-454-4545
Health, Drug and Dental Services
1-800-454-4545
Pharmacy Services
1-800-454-4545

Independence BlueCross Keystone HEALTH PLAN EAST

SAMPLE MEMBER
UMI123456789101

DR BEN FRANKLIN MD
215-555-1212
LAB L

Rx BIN 015814
Rx PCN 06090000

PLAN FLEX HMO
COB 10/01/2014
DED 25000
PREV 30

VISION Rx

Medicare :

A pt MUST have MCR PART B coverage

DO NOT ACCEPT:

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	10-01-2014
BENEFITS ONLY	

OK to ACCEPT:

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

- ID number should not have any spaces or dashes.
- Patients must be listed as the policy owner and guarantor

- Chiropractors cannot order radiology studies
- Physical Therapists cannot order radiology studies
- Referring must be registered within the PECOS site
- If we don't have a valid script at TOS and a pt is still willing to have a study, a pt must sign ABN form
- A pt has to select below options. **See Section G. Options**

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. _____ listed above.
Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- ☐ **OPTION 1.** I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I **can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- ☐ **OPTION 2.** I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I **cannot appeal if Medicare is not billed.**
- ☐ **OPTION 3.** I don't want the D. _____ listed above. I understand with this choice I am **not** responsible for payment, and I **cannot appeal to see if Medicare would pay.**

MEDICAID & MEDICAID MANAGED CARE :

- **AMI**

Accept as a PRIMARY

- Horizon NJ Health Family Care and Horizon NJ Health Totalcare
- Aetna Better Health Family Care and Aetna Better Health Dual (DSNIP)

- **AMICARE**

Accept as PRIMARY

- Horizon NJ Health Family Care and Horizon NJ Health Totalcare
- UHC Community Plan Family Care (NJFAMCAR) and UHC Community Plan Dual (NJDUALCM)
- NJ Medicaid

Medicaid pts at AMI (Van call back) require authorization for diagnostic mammo, biopsies, US

Clover Health (CL012)

- Clover Health is Medicare Advantage Plan
- Clover Health is the PRIMARY
- **DO NOT** put MCR as the secondary

When a pt still has CLOVER MEDICARE (CL009) in FUJI, replace it to CL012

Amerihealth :

- HMO/POS plans need referrals (except for screening mammos) **YOU CAN REQUEST A REFERRAL TO BE BACKDATED 90 DAYS FROM DOS... IF NOT OBTAINED BY OR ON DOS, PT MUST SIGN A WAIVER**
- To determine if a referral is needed, the PCP will be listed on the front of the card.
- Referrals must be effective on the date of service.
- If precert is not required for NM, a referral is needed if HMO/POS plan
- Amerihealth Medigap plan is 2nd to Medicare, Carrier code AM085.

Prefix reference

Prefix	Product Name
Q1C	AmeriHealth NJ – HMO, HMO Plus
Q1P	AmeriHealth NJ – POS, POS Plus
	AmeriHealth PPO and Comprehensive Major Medical (CMM)
Q1B	AmeriHealth NJ – PPO, PPO HSA, EPO, EPO HSA, POS Plus, AmeriHealth Advantage (formerly Community Advantage), and Hospital Advantage (formerly Tier 1 Advantage)
Q1E	AmeriHealth NJ – AmeriHealth Medigap
Q1S	AmeriHealth NJ – SEH EPO and AmeriHealth Advantage
Q1T	AmeriHealth NJ – CMM
	AmeriHealth Administrators®
Not applicable	AmeriHealth Administrators member ID is 10 digits long (8 digits for the subscription number, plus 2 more digits for each subscription member's identifier). (e.g., 123456789012) For additional claims information, visit www.ahatpa.com/providers .

Qualcare : Carrier Code - COM318

- We **DO NOT** accept Qualcare Inner Circle.
- Virtua plans require referrals for all modalities

- We participate with Emblem Health, CBP with Qualcare, GHI, HMO, PPO, POS, Health Republic and Oscar (Prior Authorization required through Oscar for Breast Ultrasound)
- GHI through Qualcare In-Net, so if the patients plan is GHI through Emblem Health it will process as out of network. We are OON with all HIP plans
-

Aetna :

- Precert is required as secondary insurance including Medicare Advantage Plans (CPT code driven)
- Patients must be listed as the policy owner and guarantor if MCR Replacement plan
- CT Scan studies – North and South Jersey plans required percent.
- Effective 1/1/19, most MCR primary with Horizon NJX as 2nd have been replaced with Aetna MCR as well as most Horizon MCR Blue have been replaced with Aetna MCR. These new plans require auth.
- Aetna MCR plans ALWAYS take the place of Medicare.
 - As of 2021, Aetna will NOT renew MEB plan
 - When Aetna renew a new MCR Advantage plan, their new Card will be:
- Aetna Better Health (Medicaid product, please refer to Medicaid section)

Aetna Medicare Advantage HMO is issuing a new card with a new ID#.

ID# is all NUMERIC.



- **Medicare should not be listed in the profiles.**
- All Aetna HMO plans **require referrals** for all modalities including FNA, Breast Biopsy, IR studies and Nuclear Medicine, unless they are Open Access plans
- Referrals must be obtained at time of service, they will not backdate. (some plans will allow 19 days to request a retro referral)
- Aetna authorizations can be requested for retro/backdate, CPT code update and new case started 14 days from DOS)
- Aetna **SHORE MEDICAL PLAN** *AMI and AMICARE are OON



Humana AMI/AMCIARE **Accept Humana** PPO/ **HMO**

Humana Medicare takes the place of Medicare. Medicare should not be listed in the profiles

Name:	HUMANA	ID:	HU005
Address 1:	PO BOX 14601		
Address 2:			
Zip:	LEXINGTON, KY 40512-4601		

United Healthcare/Oxford :

- To determine Oxford plans “Oxford” will be listed on the card and get filed to Hot Springs, AR. Carrier code OXF001.
- UHC Medicare Solutions ALWAYS takes the place of Medicare. Medicare should not be listed in the profiles. Carrier code UN039.
- AARP MCR Complete ALWAYS takes the place of Medicare. Medicare should not be listed in the profiles. Carrier code AA010.
- Do not use suffix at the end of the ID number (ie 00,01,02)
- AARP which is 2nd to Medicare. Carrier code AA000.
- UMR needs precert for MRI/CT/NM. Office located in Las Vegas and does not open until 11am.

Humana Military Tricare

Humana Military/Tricare	Patient SSN or Benefits # on back of ID card
Tricare	Sponsor's SSN
Tricare of Life(ALWAYS 2ndary)	Sponsor's SSN

VA CCN Optum

- **ALL STUDIES REQUIRE AN AUTHORIZATION REGARDLESS OF MODALITY**
- The VA will schedule when the patient is seen at a VA Facility. The VA Authorization paperwork will be sent to us directly. **All pages** must be scanned into Fuji and the VA00##### number should be entered into the precert spot.
- If the patient is seen by a specialist (Cardiology, Urology, etc.) we need to obtain the VA authorization from the specialist that is covering their care. Diagnostic testing referred by a specialist will be covered under the specialists' authorization as long as the condition matches our study and our DOS is within the valid dates. We need a copy of this referral, not just a verbal. The VA00##### number should be entered into the precert spot.
- VA referrals/authorization must have the 1st appointment date listed or it will be considered an incomplete referral and will not be valid.
- All VA claims are billed to VA CCN Optum, RE014. We do not bill any VA office directly.
- If a VA patient is referred from Urgent Care, we bill their health insurance.

- VA walk-ins are not allowed. All studies must be scheduled so the appropriate VA paperwork is on file.

No Insurance at time of scheduling:

- No Carrier code is used, please type out **UNKNOWN INSURANCE**. This will trigger the precert tab.
- **AMI and AMICARE DO NOT PARTICIPATE WITH:**
 - Wellpoint/Amerigroup
 - UHC Community Plan (**ACCEPTED AT AMICARE ONLY**)
 - Fidelis/Wellcare
 - Cigna Health Spring Preferred (Bravo merged with Cigna) and other Cigna Medicare Advantage plan
 - Emblem Health GHI CBP Plan: GHI through Qualcare In-Net, so if the patients plan is GHI through Emblem Health it will process as out of network.
 - Emblem HIP HMO
 - 90 Degree Network Plan (EBSO)
 - Qualcare Inner Circle
 - St. Barnabas Health (**Pt must sign a waiver**)
 - Hackensack Meridian Health (**Pt must sign a waiver**)
 - US Department of Labor (has to go DIRECT through Dept of Labor unless scheduled by OCM)
 - Axis First Health (Grapevine, TX)
 - Aetna **SHORE MEDICAL PLAN** *AMI/AMICARE are OON
 - Aetna Virtua Plans OON (inner circle)



- Keystone

Auto/WC:

Carisk –Representatives are only permitted to make/change appointments. List updated monthly in shared drive.

OCM (ONE CALL MEDICAL) -Representatives are only permitted to make/change appointments.

Carrier List

- Please see shared drive – Carisk List updated monthly.
- **WALK IN XRAYS ACCEPTED FOR WORKMAN'S COMP-LEADS, PLEASE FOLLOW UP WITH ANY MISSING CLAIM INFORMATION THAT MAY BE NEEDED FOR CLAIM PROCESSING: (E.G. CLAIM #, DOA, ADJUSTER). RECEPTIONIST MUST EMAIL YOUR LEADS TO FOLLOW UP.**
- **CALL BILLING WITH ANY QUESTIONS**

Auto/WC Other Note

*** WC Xray cases for employees of Caesars, Ballys, Resort and Harrahs may schedule their appointment directly with AMI, they do not have to wait for approval from OCM or CCSMI.

***Hard Rock Hotel & Casino

- Bill directly to Hard Rock (HA039) Attention Virginia Milos
- Employee CANNOT schedule their own appointments
- No auth is required as long as Virginia or CCMSI schedules the appointment
- Virginia Milos : 609-449-5290

***Resort Casino

- Bill directly to Resort (RE002)
- An apt must be scheduled by Zurich or Corvel
- An auth requires for all studies (include Xrays)
- Contact : Tammy Adamson at 609-340-6209

Walmart Supercenter in EHT & Sams Club in Pleasantville will be utilizing the First MCO WC Network via Claims Management Inc (CM003) for authorizations, patients will be scheduled by the nurse case manager and auth will be faxed. **PLEASE SELECT WC CARRIER INDICATED ON THE First MCO AUTHORIZATION**

New Jersey Uber drivers involved in MVA use All State, they do not require precert and only have \$10,000 max limit on medical. Please verify eligibility and balance on account

***Philadelphia Phillies utilizing Sedgwick (SE074)

WC claims should not be billed with any other insurance.

- No copay or deductibles
- No secondary ins

Auto claims

- Obtain Health insurance information if it is available
- If it is possible obtain Auth from Auto and Health

*****Highmark Insurance*****

- If no out of network benefits – we cannot see the patient
- If Authorization is required – we cannot see the patient
- If patient has out of network benefits and no auth required – we **can** see the patient

Referrals are needed from the Primary Care Physician for the following Insurance Carriers:

Aetna – HMO, POS plans required referral unless they are Open Access Plans

Amerihealth – All HMO plans

CEED-voucher required

Qualcare – All HMO plans, Virtua Employees

****Please note that Diag Mammos do require a referral****

Other notes:

- AMI is tier 1 with Omnia Plans
- Oscar Insurance plans require prior authorization for OB Ultrasound studies.

Insurances Requiring Precerts 7.24.2020:

MR & CT:

- Aetna /USHC (most plans) – **North and South Jersey Plans**
- Aetna Better Health (**AMI ONLY**)
- Amerihealth
 - HMO, PPO Personal Choice, Administrators
- Cigna / Great West
 - Virtual Colonoscopy obtain through Cigna not AIM
- Clover
- Corvel
- Coventry / First Health (not all plans)
- Emblem Health, GHI through Qualcare In-Net, so if the patients plan is GHI through Emblem Health it will process as out of network / GHI with Qualcare network for NJ
- GEHA / Multiplan
- Geisinger
 - Can take up to 2 weeks to obtain auth (except for Atlanticare employees)
- GHI
 - Do not accept CBP network
- Harvard Pilgrim Healthcare
- Healthcare Solutions
 - TWP, INW, QCD, EDG, UFP, CBE
- Horizon
 - Local 54 for primary & auth required for secondary as well.
 - BCBS OOS require auths for certain ultrasounds.
 - BCBS NJ (most plans, except for AMI & AMI Atlanticare employees)
 - BHC prefix- do not accept, this is ST. Barnabas Plan Inter Circle
 - BEO prefix- We can see patient but exam will be subject to co-pay, co-insurance & deductible. A waiver must be signed that patient was informed.

- Out of state (PARs must check each)
 - KDP & K2P prefix – must sign a waiver for all modalities
- HAS Health Plan
- Humana
 - Humana Military/Tricare required for MR/MRA/CTA/Pet NOT CT
 - Tricare Reserve and Tricare Select – do not require precert
 - **We do not accept Humana Medicare Advantage Plan unless PPO W/AUTHORIZON**
- IDA (some plans)
- Independence Administrators – NJ Carpenters Fund (Prefix LHP) – No auth required unless Cardiac/Pet or Coronary study.
- Independence BC BS
- Kaiser Foundation Health Insurance
- Local 825 – Horizon Prefix HEN requires precert with Evicore
- Meritain (except Toms Rivers Board of Ed employees)
 - Heavy and General Laborers Local 472 and 172 require for MR, CT, Pet
- MVA- All after 10 days, (AIG is now Carisk)
- Oscar
- Oxford
- Qualcare/Qual Lynx
 - Must call Qualcare for Auth, ph #800-992-6613
 - Do not accept Inner Circle
- UMR/Sierra Health (Nevada based plan, cannot calls before 11am)
- United Healthcare
 - UHC Medicare Advantage Plans do not require precert (except for NM/PET scans)
 - UHC Community Plan Family Care and Dual Plan (**AMICare only**)
- VA patients-all modalities, please refer to details listed under the VA CCN Optum section
- Work Comp

Nuc Med:

- Aetna/ USHC
 - Wall Twp plans- all studies
 - Southern New Jersey plans- Muga Scans only
- Amerihealth
 - Administrators- Muga Scans only
- Cigna- Muga Scans only
- Clover
- Corvel
- Coventry / First Health (not all plans)
- Emblem Health / GHI with Qualcare network for NJ,
- Geisinger (except Atlanticare Employees)
- GHI - **GHI through Qualcare In-Net, so if the patients plan is GHI through Emblem Health it will process as out of network**
- Healthcare Solutions - TWP, INW, QCD, EDG, UFP, CBE
- Horizon

- Local 54 primary & secondary
- BC BS of NJ (most plans, except for AMI & AMI Atlanticare employees)
- BHC prefix- do not accept, this is ST. Barnabas Plan Inter Circle
- BEO prefix- do not accept, this is Robert Wood Johnson though ST. Barnabas, OMNIA network
- Out of state (PARs must check each)
- Humana Military (formally Tricare)
- Independence BC BS- Muga Scan only
- MVA- All after 10 days
- Meritian
- Oscar
- Oxford
- Qualcare/Qual Lynx (some plans)
- UMR/Sierra Health (Nevada based plan, cannot calls before 11am)
- United Healthcare – including UHC Medicare Advantage Plans
-
- Work Comp

No double studies for MRI (run offs and STATs must be done together):

- Aetna
- Cigna
- Horizon
- Medicare- no cross modalities for CT/MR/US unless on exception list
- Oxford
- United Healthcare

Secondary insurances that require precert:

- Aetna (CPT code driven and auth always required, even if secondary to WC/Auto)
- Cigna (not required if secondary to Medicare)
- Horizon (some plans)
 - Local 54 (not required if secondary to another Local 54 plan)
- NALC (need to call on each)
- Qualcare
- United Healthcare (not required if secondary to Medicare)

Insurances that do not require precert:

- Horizon Federal- prefix R please review enrollment code 131, 132, & 133 require auth
- Geisinger Atlanticare Plans
- Horizon Atlanticare Plans
- **Insurances that require tracking numbers:** Horizon plans with prefix 3HZ

Insurance Carrier Code Reference:


• Insurance	• Plan/Note	• Carrier Code
1199SEIU Benefit and Pension Funds		ON00812
AARP	2ndary to Medicare (ONLY USER WHEN SECONDARY)	AA000

Aetna	Aetna	AET001
	Aetna MCR Advantage Plan	AET009
	Aetna MCR Supplement (CONTINENTAL LIFE)	CO078
	Aetna Senior Supplemental Ins (CONTINENTAL LIFE)	CO078
Aetna Better Health	Family Care & Dual (AMI ONLY)	AE013
Amerihealth	Administrators	AM010
	EPO	AH010
	HMO	AH009
	POS	AH009
	PPO	AH010
	Medigap	AM153
Wellpoint/Amerigroup	NON PAR	
ARMC Inpatient		SP012
Atlantic County Health		AT004
Atlantic County Justice		WC820
Cigna	ID# start with U or N	CIG003
	Medicare Supplement Plan by American Retirement Life Ins	COM793
	Medicare Supplement Plan by Loyal American Life Ins	LO013
	Other (CLAIMS ADDRESS 188061 CHATTANOOGA, TN 37422-8061)	GW000
Clover Health	CPO PREFIX (# 0, NOT LETTER O)	CL012
Geisinger	Atlanticare Engaged Plan(Atlanticare Employee)	GE043
	Gold Health Plan(Medicare Advantage)	GE026
	Medical Group(Commercial)	COM958
Hard Rock Hotel & Casino	WC only	AM114
Horizon/ BCBS	Advantage EPO	BL001
	AMI Employee	HO051
	AtlantiCare	BL001
	Blue card PPO	BL001
	Direct Access	BL001
	MGM-Borgata – HORIZON OOS (PREFIX ZIR)	BL013
	Federal	BL003
	Local 54 (PO BOX 1219)	BL008
	Other Local plans w/PO BOX 1219	HO627
	Medicare Blue	BL007
	Braven	BR025

	Horizon OOS Medicare	HO625
	NJ Carpenters –(Active) INDEPENDENCE ADM (PREFIX LHP) HI-END	BL013 OR NTW010
	NJ Carpenters (Retired)	HO625
	NJ Direct (NJX)	BL000
	NJ Health (YHZ)	MC004
	Out of State – ANY PLAN WITHOUT 3HZN	BL013
	POS	BL001
	Traditional	BL001
BCBS/Healthcare Solutions/Independence Administrators	Pre-Fix LHP HI-END-NTW010	BL013
	Pre-Fix TWP	NTW010
	Pre-Fix EGD	NTW010
	Pre-Fix INW	NTW010
	Pre-Fix SHQ	NTW010
	Pre-Fix W2	NTW010
Jefferson Transplant Services		TR019
Magnacare	CLAIMS ADDRESS PO BOX 1001 GARDEN CITY, NY 11530	MA019
	Local 1964	LO018
	MAGNACARE TOTAL PLAN CONCEPTS (PO BOX 9763 ARNOLD, MD 21012	MA051
Medicare	Medicare	MB001
	Railroad Medicare	MB002
Medicaid	Straight Medicaid (AMICARE ONLY)	MC006
Oxford	All Oxford Plan	OXF001
Qual care		COM318
The Empire Plan	(UHC NETWORK) PO BOX 1600 KINGSTON, NY 12402	TH003
Tricare/VA/Champva	Tricare Prime	TR079
	Tricare Select	TR079
	Tricare Prime Remote	TR079
	Tricare Reserve Select	TR079
	Tricare Retired Reserve	TR079
	Tricare Young Adult	TR079
	Tricare for Life 2ndary to MCR	TR005
	VA CCN Optum	RE014
	Champva	TR002

United Health Care	All United Health Care plan EXCEPT MCR Adv plan	UHC015
	AARP Medicare Complete (ONLY USE WHEN PRIMARY)	AA010
	Medicare Solutions	UN039
	Student Resources	COM417
	Community Plan, Dual Plan (AMICARE ONLY)	MC001
Humana Medicare PPO	PPO ONLY	HU005

FIDELIS (FORMERLY WELLCARE) WE DO NOT PAR WITH-IF CARD HAS MEDICARE RX ON IT AND THE BACK OF CARD STATES: WWW.WELLCARE.COM/MEDICARE, THIS IS A PRIMARY MEDICARE PLAN-NOT SECONDARY TO MEDICARE. WE CAN TAKE **MEDICAID WELLCARE AS SECONDARY ONLY**



2021


WellCare Absolute (PPO) (H8711-002-000)

Member: [REDACTED]

Member ID: [REDACTED]



Issuer: 80840

Policy #: NJ001



NEW NAME FOR SECONDARY INS: **MARPAI HEALTH-PREVIOUSLY CONTINENTAL BENEFITS**

Group is par with GHI through Qualcare so if the patients plan is GHI through Emblem Health it will process as out of network.)

		 THE CITY OF NEW YORK HEALTH BENEFITS PROGRAM	
ID: K[REDACTED] HEALTH PLAN: MEDICAL		NETWORK: GHI CBI	
Preventive Care Copay: \$0	Preventive Care Rx Copay: \$0	PCP \$0 SPEC \$0	
ACPNY* Copay:		PCP \$15 SPEC \$30	
Other Providers Copay:		MRI/CT Hi-Tech Radiology: \$50	
Lab/Radiology Copay: \$20		Physical Therapy Copay: \$20	
Urgent Care Copay: \$50		RxGRP: GH3A	
Rx BIN#: 003858 Rx PCN: A4			
*AdvantageCare Physicians		Underwritten by GHI	
		emblemhealth.com	
Services: 212.501.4444			