

Claims Contacts

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PAPER CLAIMS

MANAGING ENTITY PARTNERS

VENDOR PARTNERS

ADDITIONAL CLAIM PARTNERS

Paper claims (CMS 1500 and UB-04 forms) may be sent to the addresses indicated, unless otherwise noted on the member's ID card.

Company	Network	Type of Claim	EDI or Payor ID	Clearing House	Paper Claim Submission Address	Contact for Inquiries
HIP / EmblemHealth Insurance Company (formerly HIPIC)	Bridge Enhanced Care Prime Prime VIP Prime Bold Reserve Millennium Select Care	Professional claims	HIP/ EmblemHealth Insurance Company: 55247 HIP plans branded GHI HMO: 25531 HIP plans branded Vytra HMO: 22264	Vendor or direct submission	EmblemHealth PO Box 2845 New York, NY 10116- 2845	emblemhealth.com/providers or 866-447-9717

Company	Network	Type of Claim	EDI or Payor ID	Clearing House	Paper Claim Submission Address	Contact for Inquiries
HIP / EmblemHealth Insurance Company (formerly HIPIC)	Bridge Enhanced Care Prime Prime VIP Prime Bold Reserve Millennium Select Care	Facility claims	HIP/HIPIC/ Bridge: 55247 HIP plans branded GHI HMO: 25531	Vendor or direct submission	EmblemHealth PO Box 2803 New York, NY 10116- 2803	emblemhealth.com/providers or 866-447-9717
EmblemHealth Plan, Inc. (formerly GHI)	Bridge CBP Tristate National Network Access Medicare Choice	Professional claims, member-submitted	13551	Vendor or direct submission	EmblemHealth PO Box 3000 New York, NY 10116- 3000	emblemhealth.com/providers or 212-501-4444
EmblemHealth Plan, Inc. (formerly GHI)	Bridge CBP Tristate National Network Access Medicare Choice	Professional claims, provider-submitted	13551	Vendor or direct submission	EmblemHealth PO Box 2832 New York, NY 10116- 2832	emblemhealth.com/providers or 212-501-4444
EmblemHealth Plan, Inc. (formerly GHI)	Bridge CBP Tristate National Network Access Medicare Choice	Facility claims	13551	Vendor or direct submission	EmblemHealth PO Box 2833 New York, NY 10116- 2833	emblemhealth.com/providers or 212-501-4444

Company	Network	Type of Claim	EDI or Payor ID	Clearing House	Paper Claim Submission Address	Contact for Inquiries
EmblemHealth Plan, Inc. (formerly GHI)	GHI PPO Dental	Dental claims	Not applicable	Vendor or direct submission	EmblemHealth PO Box 2838 New York, NY 10116-2838	emblemhealth.com/providers or 212-615-4EMC
ConnectiCare	Choice Passage	CCI Medicare Advantage claims	78375	Vendor or direct submission	ConnectiCare PO Box 4000 Farmington, CT 06034-4000	877-224-8230
ConnectiCare	Choice Flex	CCI commercial claims	06105	Vendor or direct submission	ConnectiCare PO Box 546 Farmington, CT 06034-4000	800-251-7722