



Provider Manual

Welcome to Premier Network. This new Network is comprised of only select, high-quality providers and facilities offering local employer groups an alternative to the current market health insurance companies.

At Premier Network it is our intent to provide our members with quality healthcare at an affordable price. Our plans are managed through selected TPA's that help you, our providers, eliminate excess paperwork.

This manual is designed to help you as a Premier Network provider. It should be used as a guide for you and your office personnel to follow when treating Premier patients.



Billing Procedures

To adapt to our members various needs, our plan designs may vary slightly. However, your reimbursement rates will always remain the same once all applicable co-payments and deductibles are considered.

To alleviate any confusion, Premier Network patient identification cards clearly indicate both the insurer and the patient's financial responsibilities for services rendered.

Your claims should be submitted on standard HCFA-1500, UB-92 forms or their equivalents. The completed form must include the following:

- Claim payor information (UB box 11C on HCFA-1500 or box 50 of a UB-92.)
- Insured person's name, address, and social security number
- Patient's name and relationship to insured
- Employer's name
- CPT-4 procedure codes
- ICD-9, ICD-10, or successor diagnostic codes
- Provider's name, address, signature, and tax identification number
- Date and location of service
- Accident-related information, if applicable

All claims are to be complete and submitted to the address or Payer ID listed on the patient's ID card.

As a Premier provider, your reimbursement rate through Premier will constitute payment in full, less any applicable co-payment or deductible received from the patient. You may not bill members for any further difference between your charge and the Premier reimbursement rate. Any questions regarding claim status or billing procedures should be directed to the billing information number listed on the patient's ID card.



Specialty Care

Premier Network is a PPO network and no referrals for specialists are required.



Contact Us

Should you have any questions that are not answered in this manual, please visit www.mypremiernetwork.com, or call our Provider Relations Department at 800-588-1963.


Patient Identification

All Premier patients are issued an identification card. Your office administrators should always request this card from your patient before any treatment.

Each card features the following:

- The Premier Network logo
- Premier Network phone number
- The insured's name
- The insured's identification number
- The insured's policy number
- The insured's employer, union or insurance company's name
- Information on co-payment and/ or deductible
- Diagnostic testing requirements (if applicable)
- Pre-certification requirements (if applicable)
- Claims submission address and phone number *

* Please note that this address will vary depending on your patient's employer

	[PLAN ADMINISTRATOR]
[EMPLOYER NAME] [MEMBER NAME]	[SSN/ID]
Copayments: \$10 Office Visit \$20 Mental Health Visit \$50 Emergency Room Visit	Rx Copayments: \$10 Generic \$10 Brand

[Other Plan/Pre-Cert Info]
PROVIDER: Eligibility and benefits information may be obtained by calling Group Resources at xxx.xxx.xxx.
Send all claims to: [PLAN ADMINISTRATOR] [ADDRESS] [CITY, ST ZIP] [EDI PAYOR ID: XXXXXX]
www.mypremietwork.com Premier Network Customer Service: XXX.XXX.XXXX
[TRAVEL NETWORK] xxx-xxx-xxxx www.xxxxx.com

Premier Network and Quest Diagnostics

Through a preferred agreement with Quest Diagnostics, Premier Network offers our members the most comprehensive laboratory network in the nation. The Quest network will serve to augment the existing lab services currently offered through Premier Network.

Premier Network

800-588-1963

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mypremiernetwork.com

