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| Software Name, Company Name, Address, City, State and Zip, Contact Name, Contact Phone Number, Contact Fax Number, Contact E-Mail Address: | Complete with the information about your Practice Management System (PMS). |
| Sender/ Receiver ID's: | N/A – Do not complete. |
| Inbound Electronic Transactions Sets: | N/A – Do not complete. |
| Outbound Electronic Transactions Sets: | N/A – Do not complete. |
| Tax ID's: | List all tax IDs associated with the Practice/ Provider. |



Enrollment Department
MedAvant, Inc.
1854 Shackelford Court,
Suite 200
Norcross, GA. 30093-2954

Phone: (800) 792-5256 Option 812
Fax: (770) 885-4559
provider.enrollment@MedAvanthealth.com

Return the Agreement to the Payer:

Fax #

(314) 558-2427

MedAvant's Claims Enrollment Form

Please complete a MedAvant Claims Enrollment Form for each Tax ID and fax it to MedAvant at: (770) 885-4559. This form can be used if you are enrolling with one or more new Payer(s) or if you are enrolling a new rendering provider with your existing Payer(s).

**The Claims Enrollment Form, with instructions is
located at:**

<http://www.MedAvanthealth.com/payerlist/default.asp>

Questions? Contact MedAvant Enrollment at:
(800) 792-5256, Option 812



TRADING PARTNER PROFILE

Centene Management Corporation is a fully integrated multi-state government services managed care company. The Company’s government services market includes Medicaid, SCHIP and SSI. The Company operates health plans in Indiana, Missouri, Kansas, New Jersey, Ohio, Texas and Wisconsin. For the purposes of this form, when “CENTENE” is used going forward, it applies to all Companies listed below.

- Managed Health Services operating in Indiana
- University Health Plans operating in New Jersey
- Buckeye Community Health Plan operating in Ohio
- Superior HealthPlan operating in Texas
- Managed Health Services operating in Wisconsin
- Cenpatco Behavioral Health
- FirstGuard Health Plan operating in Missouri
- FirstGuard Health Plan operating in Kansas

| COMPANY INFORMATION | |
|----------------------------|--|
| Name | |
| Address | |
| City, State and Zip | |
| Contact Name | |
| Contact Phone Number | |
| Contact Fax Number | |
| Contact E-Mail Address | |

| CLEARINGHOUSE/INTERMEDIATE SERVICE INFORMATION (if applicable) | |
|---|--|
| Company Name | |
| Address | |
| City, State and Zip | |
| Contact Name | |
| Contact Phone Number | |
| Contact Fax Number | |
| Contact E-Mail Address | |

| MEDICAL SOFTWARE USED INTERNALLY (if applicable) | |
|---|--|
| Software Name | |
| Company Name | |
| Address | |
| City, State and Zip | |
| Contact Name | |
| Contact Phone Number | |
| Contact Fax Number | |
| Contact E-Mail Address | |

Do not complete this section if using a clearinghouse.

SENDER/RECEIVER ID'S

Sender ID (ISA06/GS02)

Receiver ID (ISA08/GS03)

INBOUND ELECTRONIC TRANSACTION SETS (please mark all that apply)

These are transactions sets that you are planning to submit to CENTENE. CENTENE will always send a 997 Functional Acknowledgement back to the sender confirming receipt. Do not complete this section if using a clearinghouse.

HIPAA

- ANSI X12N 270 – Health Plan Eligibility – Solicitation
- ANSI X12N 276 – Health Claim Status – Solicitation
- ANSI X12N 278 – Referral Certification and Authorization
- ANSI X12N 820 - Health Plan Premium Payments
- ANSI X12N 834 - Enrollment/Disenrollment in a Health Plan
- ANSI X12N 835 – Claim Payment and Remittance Advice
- ANSI X12N 837 – Healthcare Claim or Encounter – Dental
- ANSI X12N 837 – Healthcare Claim or Encounter – Institutional
- ANSI X12N 837 – Healthcare Claim or Encounter: Professional

PROPRIETARY

- Healthcare Encounter - Dental
- Healthcare Encounter - Institutional
- Healthcare Encounter - Professional

OUTBOUND ELECTRONIC TRANSACTION SETS (please mark all that apply)

These are transactions sets that you would like to receive from CENTENE. Do not complete this section if using a clearinghouse.

HIPAA

- ANSI X12N 271 – Health Plan Eligibility – Response to Solicitation
- ANSI X12N 277 – Health Claim Status – Response to Solicitation
- ANSI X12N 278 – Referral Certification and Authorization
- ANSI X12N 820 - Health Plan Premium Payments
- ANSI X12N 834 - Enrollment/Disenrollment in a Health Plan
- ANSI X12N 835 – Claim Payment and Remittance Advice
- ANSI X12N 837 – Healthcare Claim or Encounter – Dental
- ANSI X12N 837 – Healthcare Claim or Encounter – Institutional
- ANSI X12N 837 – Healthcare Claim or Encounter: Professional

PROPRIETARY

- Eligibility Enrollment Roster

TAX ID'S *Please list all Tax ID's that you will be billing under*

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EDI DEPARTMENT CONTACT INFORMATION

| <i>Phone Number</i> | <i>Fax Number</i> | <i>E-mail Address</i> |
|----------------------|-------------------|-----------------------|
| 800-225-2573 x 25525 | 314-558-2427 | edi@centene.com |