



**EFFECTIVE
AUGUST 1, 2019**

Date:

Fax No.

RE: INTEGRANET and AMERIVANTAGE

We are pleased to announce that through our agreement with Amerivantage/Amerigroup –all Medicare Advantage Plan members of our Primary Care Physicians will be delegated to IntegraNet Health for processing all provider, inpatient and outpatient claims.

This Anthem Health Plan partnership with IntegraNet Health covers approximately 40,000 lives through our IntegraNet Primary Care Physicians.

Two changes will affect the network of providers used for these patients:

- 1) **CLAIMS** - IntegraNet will process claims for Amerivantage members assigned to our contracted Primary Care Physicians.
- 2) **NETWORK** - The network will be comprised of physician and ancillary vendors contracted directly with IntegraNet for the Amerivantage Medicare Advantage products.

DIRECTORY & CLAIMS PAYMENT:

Please review and verify the information on the attached Physician Profile for Dr. This information will be used for the physician and ancillary directory, and claims payments.

If corrections are needed, please indicate on the attached form. If any billing information needs to be correct, please also attach a W-9 to support the changes.

Fax any corrects to IntegraNet Health at 832-320-7221.

Additional information will be sent to each provider during the following week or you may contact your Provider Relations Representative.

We look forward to serving your needs in our expanded role.

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Ste 700
Houston, Texas 77092

www.IntegraNetHealth.com

800.994.1388

010 LBJ Freeway
Suite 1450
Dallas, Texas 75234

P: 972.764.0970 F: 972.764.0970

P: 281.447.6800 F: 281.447.6802



Practice Profile for Directory and Claims Payment

Territory: _____
 Provider Rep: _____

Your Directory Profile

Provider Name: _____
 Practice Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Office Hours: _____

PCP/Spec: _____
 Primary Specialty _____
 Secondary: _____
 Third: _____
 Professional Practice Interest-Focus

Ex: An Orthopaedic Surgeon whose primary focus is Backs

Languages Spoken by:

Physician _____
 Staff _____

Practice Limitations: _____
 Age Range: _____
 Gender Restriction: _____

- New Patients with Referral
- New Medicare Patients
- All New Patients
- Existing Pts - Change in Payor
- New Medicaid Patients

Billing/Payment Information

Tax/EIN No: _____

Billing Address _____

Checks Payable to: _____

Phone : _____
 Fax: _____

Credentialing

Contact Person: _____
 Phone: _____
 e-mail: _____

Office Manager

Office Mgr: _____
 OM Phone: _____
 OM Fax: _____
 E-mail 1: _____

Same for all locations? Yes No

**Completed
By:**

Date: _____