

**SCAN HEALTH**

BENEFITS & ELIGIBILITY	
Members Benefits Package contact Scan Health	1-877-778-7226
Use Provider Portal to verify eligibility	<a href="http://www.inetdr.com">www.inetdr.com</a>
Provider Demographics/Customer Service Questions Submit a ticket through our ticket system under the Customer Service Module	<a href="http://www.inetdr.com">www.inetdr.com</a>
<p>➤ Verify provider network status with IntegraNet visit our <a href="#">Directory :: IntegraNet Health</a> on our website</p>	

**PROVIDER PORTAL**

- ❖ Self-Register: [www.inetdr.com](http://www.inetdr.com)
- ❖ Download EOP’s and/or 835 remittances
- ❖ Submit claims electronically
- ❖ Check eligibility
- ❖ Check the status of an existing claim
- ❖ Available to Network and Non-Network providers

HOW TO SUBMIT A NEW CLAIM, CORRECTED CLAIM, OR RESUBMIT A CLAIM		
Paper Claim	Electronic Claim	Payor ID
<b>IntegraNet Health</b> <b>c/o Scan</b> <b>P.O. Box 925159</b> <b>Houston, TX 77292</b> <ul style="list-style-type: none"> <li>✓ Original, red and white CMS-1500 or CMS 1450 with black machine printed text</li> <li>✓ Attachments must be on 8.5”x11” paper accompanied by valid claim form</li> <li>✓ No photocopies or altered claims will be accepted</li> </ul>	<b>Provider Portal</b> <a href="https://integranet.quickcap.net/">https://integranet.quickcap.net/</a>	<b>Payor ID=ISCN1</b>  <b>INET2 – Trizetto Only</b> <b>Clearinghouse:</b> <a href="http://VisibilEdi.com">VisibilEdi.com</a> <b>*Contact your clearing house for variations of this payor ID</b>
Additional claims information – including the Enrollment Packet		<a href="https://www.integranethealth.com/">https://www.integranethealth.com/</a>
Timely filing for In-Network providers		95 days from date of service
Medical Records <u>only</u> fax to		1-800-783-9885
Claims Processing Department Customer Service		832-320-7220
<b>DO NOT SUBMIT CLAIMS TO APPEAL &amp; RECONSIDERATIONS. WILL NOT BE PROCESSED FOR PAYMENT</b>		

TO FILE AN APPEAL OR PAYMENT DISPUT RESOLUTION (PDR)	
Paper	Electronic Claim
<b>IntegraNet Health</b> <b>C/O Appeals and Reconsideration Department</b> <b>2900 N. Loop West Suite 700</b> <b>Houston, TX 77092</b>	<b>Provider Portal</b> <a href="https://integranet.quickcap.net/">https://integranet.quickcap.net/</a> <b>APPEALS ONLY</b>

PRIOR AUTHORIZATION
<p>Not all services require precertification. For services/procedures that require precertification from IntegraNet for a specific code to determine if precertification is needed (or not) use the precertification lookup tool online at Prior Authorization Requirements: IntegraNet Health. For additional questions please call 281-447-6800.</p>