

*At a Glance Information*

<p><b>Verification of New Providers:</b></p> <ul style="list-style-type: none"> <li>• Online</li> <li>• Telephone</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="https://www.asrhealthbenefits.com">https://www.asrhealthbenefits.com</a></li> <li>• (616) 957-1751 or (866) 724-3013</li> </ul>	<p>When calling, please have the Provider's TIN and NPI.</p>
<p>Verification of Eligibility, Benefits, Covered Services and Claim Status</p>	<ul style="list-style-type: none"> <li>• <a href="https://www.asrhealthbenefits.com">https://www.asrhealthbenefits.com</a></li> <li>• (616) 957-1751 or (866) 724-3013</li> </ul>	<p>When calling, please provide the Member's Name, Date of Birth, Home Address, Telephone, Subscriber's Name, Subscriber's SSN, Employer Group Number and Employer Group Name.</p>
<p><b>Pre-Certification of (subject to change based on employer group):</b></p> <ul style="list-style-type: none"> <li>• All Inpatient Medical/Surgical</li> <li>• Observation stays greater than 24 hours</li> <li>• Long Term Acute Care</li> <li>• Skilled nursing facilities/Extended care facilities/Sub acute facilities</li> <li>• Outpatient Rehabilitation services (PT, OT, ST)</li> <li>• Home Health Care services</li> <li>• Durable Medical Equipment and Custom Orthotics/Prosthetics</li> <li>• Oncology Services (chemotherapy, radiation therapy)</li> <li>• Parenteral Therapy</li> <li>• Outpatient Infusion &amp; Injection Therapy</li> </ul>	<p>Telephone Numbers:</p> <ul style="list-style-type: none"> <li>• (616) 464-6619 or (800) 638-0573 <b>EXCEPT Group # 233 - ASR Corporation members</b></li> <li>• (866) 232-8677 <b>Group # 233 - ASR Corporation members only</b></li> </ul> <p>Fax Numbers:</p> <ul style="list-style-type: none"> <li>• (616) 464-6602 <b>EXCEPT Group # 233 - ASR Corporation members</b></li> <li>• (317) 655-4605 <b>Group # 233 - ASR Corporation members only</b></li> </ul>	<p><b>Please Refer to the Provider Administration Manual Section 3 which is accessible online for information you need prior to calling.</b></p> <p>Once you are logged in it is located under:</p> <ul style="list-style-type: none"> <li>➤ Resources</li> <li>➤ Documents</li> <li>➤ Provider Admin Manual</li> </ul>
<p><b>Claim submission Information:</b></p> <ul style="list-style-type: none"> <li>• EDI</li> <li>• Paper Claims Mailing Address</li> <li>• Fax Number</li> <li>• Email</li> </ul>	<ul style="list-style-type: none"> <li>• EDI Payer ID 38265</li> <li>• ASR Health Benefits P.O. Box 6392 Grand Rapids, MI 49516-6392</li> <li>• (616) 464-4458</li> <li>• <a href="mailto:Claimssubmit@asrhealthbenefits.com">Claimssubmit@asrhealthbenefits.com</a></li> </ul>	
<p><b>Provider Notice of Change:</b> Address Changes (Practice, Remittance Advice and 1099 [W-9 required]), Adding &amp; Terminating Providers, Name Changes (with documentation). The form is available online. Submit it to the Provider Contract Department via</p> <ul style="list-style-type: none"> <li>• Fax</li> <li>• Email</li> </ul>	<p><a href="https://www.asrhealthbenefits.com">https://www.asrhealthbenefits.com</a></p> <p>Once you are logged in the Provider Information form is located under:</p> <ul style="list-style-type: none"> <li>➤ Resources</li> <li>➤ Forms</li> <li>➤ General Forms <ul style="list-style-type: none"> <li>○ Fax: (616) 464-6600</li> <li>○ Email: <a href="mailto:pcontracting@asrhealthbenefits.com">pcontracting@asrhealthbenefits.com</a></li> </ul> </li> </ul>	<p>Please complete and submit a Provider Information form for any notice of change <b>prior</b> to the effective date. Provider Terminations should be submitted in writing <b>prior</b> to the effective date with the reason for the termination. If the Provider that is being terminated is a PCP, please indicate what Physician the Members should be Transferred to.</p>
<p><b>Claim Appeals need to be submitted in writing and submitted by:</b></p> <ul style="list-style-type: none"> <li>• Mail</li> <li>• Fax</li> <li>• Email</li> </ul> <p>** Please note that appeals need to be submitted by the Covered Person or the Covered Person needs to authorize the Provider to appeal the claim with ASR. This may be done by the Covered Person sending the notice directly to ASR or the Provider may obtain it from the Covered Person.</p>	<ul style="list-style-type: none"> <li>• ASR Health Benefits P.O. Box 6392 Grand Rapids, MI 49516-6392</li> <li>• (616) 464-4458</li> <li>• <a href="mailto:Claimssubmit@asrhealthbenefits.com">Claimssubmit@asrhealthbenefits.com</a></li> </ul>	<p>A Claim Appeal Filing Form is available online for your convenience. Once you are logged in it is located under:</p> <ul style="list-style-type: none"> <li>➤ Resources</li> <li>➤ Documents</li> <li>➤ Claim Appeal Form</li> </ul> <p><b>OR</b></p> <p>You may send in a written appeal explaining why you are appealing the claim payment with supporting documentation i.e. medical records, treatments tried and outcomes of such treatment.</p>
<p><b>CONTACTS - Provider Network Mgt:</b> Provider Changes Novi Hall David Blackmon, Melissa Durston Dave Werner (Director) Provider Customer Service Health Management</p>	<p><b>Phone:</b> (616) 957-1751      <b>Fax:</b> (616) 464-6600</p> <p><i>(Please see above under Pre-Certification)</i></p>	<p><b>Email:</b> <a href="mailto:pcontracting@asrhealthbenefits.com">pcontracting@asrhealthbenefits.com</a></p>