

## Integrated-ActivHealthCare Newsletter

Network News

September 2010

### Quick Links

[www.i-ahc.net](http://www.i-ahc.net)

[Electronic Claims Enrollment](#)

[Network Affiliations](#)

[Forms](#)

### Eliminate network frustrations

Did you know we offer online training sessions for multiple topics, including EDI and CA claims training, on our website, [www.i-ahc.net](http://www.i-ahc.net)? To register, [click here](#).

If you have any questions, please call our office at 866-374-9558.

### Claims: What You Need To Know

- On the CMS-1500 form, it is helpful to complete **Box 32** as well as **Box 33**.
- Complete **Box 1a** with the **Insured's ID number** as it appears on the insurance card (the Insured is not necessarily the patient)
- If you need to re-submit a claim for re-processing for any reason, please include a **letter** explaining the reasons for re-processing. If the claim was originally submitted out-of-network directly with the insurance company, the cover letter should include this information. Otherwise, the insurance company will deny the claim.
- We cannot accept **faxed claims** since copy quality and formatting may be compromised. In addition, we are not equipped to handle the fax volume that would be generated with faxed claims.
- **Box 31** must contain the rendering provider's name and date as shown in the example below. Please do not use "signature on file" in box 31.
- 

25. FEDERAL TAX I.D. NUMBER	SSN EIN <input type="checkbox"/> <input type="checkbox"/>	26. PAT
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SER
John Smith, DC 1/1/10		
SIGNED	DATE	a.

## Signature Required Mail

If you are sending an envelope or parcel that requires a signature, please mail it to our street address instead of the post office box:

1926 Northlake Parkway, Suite 100  
Tucker, GA 30084

Thank you for your cooperation in this matter.

Claims for these networks should be sent directly to Integrated-ActivHealthCare.

Submit electronically through Office Ally using the prefix AHCØ2  
or mail claims to:

PO Box 969  
Lilburn, GA 30048

*The network affiliates have been recently updated.  
Please click [HERE](#) for a complete listing.*



[Click here](#) to join our mailing list!

**Integrated**  **ActivHealthCare**