

Provider Tipsheet



Phone Numbers

Individual Plans

866.631.4611

Group Plans

866.631.5404

Claims Address

Aspirus Health Plan
PO Box 1890
Southampton, PA 18966

EDI Payer Information

Change Healthcare - Preferred Clearinghouse
Aspirus Health Plan Payer ID - 41147

Website

aspirushealthplan.com

Visit **aspirushealthplan.com**. Select **For Business**, then **Provider Resources** to find information on medical and pharmacy policies, appeals, prior authorizations, and much more.

Provider Registration

Visit **aspirushealthplan.com**. Select **For Business**, then **Provider Registration**.

Sample Signature Network ID Card

Group #: ASP99999		
Care Type: Sample Plan Description		
<u>NAME:</u>	<u>ID:</u>	<u>SVC Type</u>
Firstname A Lastname	99999998500	Medical
Firstname B Lastname		01 Medical
Firstname C Lastname		02 Medical
SIGNATURE NETWORK	OUTSIDE OF WI	RXBIN: 610011 RXPCN: ORX RXGRP: ASPIRUS

Customer Service/Pre-Certification: 1.866.631.5404 or customerservice@aspirushealthplan.com	Submit Claims: Aspirus Health Plan PO Box 1890 Southampton, PA 18966 Payer ID: 41147
Pharmacies: 24/7 support 1.844.284.0142 www.optumrx.com	First Health provider verification: 1.800.226.5116 www.myfirsthealth.com
My Account: Register/Log in at aspirushealthplan.com for details on claims, out of pocket balances, EOBs, network providers and policy.	
MDLIVE 1.888.632.2738 Nurseline 1.866.220.3138	

Sample Freedom Network ID Card

		Aspirus Health Plan
Group #: ASP99999		
Care Type: Sample Plan Description		
<u>NAME:</u>	<u>ID:</u>	<u>SVC Type</u>
Firstname A Lastname	9999999800	Medical
Firstname B Lastname		01 Medical
Firstname C Lastname		02 Medical
FREEDOM NETWORK		RXBIN: 610011 RXPCN: ORX RXGRP: ASPIRUS

Customer Service/Pre-Certification: 1.866.631.5404 or customerservice@aspirushealthplan.com	Submit Claims: Aspirus Health Plan PO Box 1890 Southampton, PA 18966 Payer ID: 41147
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