

BULLETIN



Please ensure that this information is communicated with the Pre-Visit Coordinators, Pre-certification staff, Nurses Managers, Clinic Managers and any other appropriate front office personnel.

TO: All Providers
DATE: 5/15/07

NO: UPHP 151
SUBJECT: NEW CLAIMS MAILING ADDRESS

University Physicians Health Plans has begun a new process of scanning all of our paper claims, creating an image of the claim and then loading the claim electronically into our claims system for processing. This new scanning process will allow us to process claims more quickly and accurately.

In order to take advantage of this new process, we are asking that you begin sending all of your paper claims to the following post office boxes depending on which program you wish to reach:

University Family Care
P O Box 35699
Phoenix, AZ 85069

University Physicians Healthcare Group
P O Box 37279
Phoenix, AZ 85069

Maricopa Health Plan
P O Box 37169
Phoenix, AZ 85069

The effective date for this change will be June 15, 2007, however these addresses are available for your use today, so feel free to begin using them immediately.

If at all possible, please use the standard red colored CMS-1500 and UB-04 claim forms when submitting paper claims to University Physicians Health Plans as that will assist us in scanning and processing your claims more accurately. Please refrain from using highlighting pens on your forms as this causes difficulty when reading the information on the scanned documents.

If you have any questions regarding this bulletin, please contact your Provider Relations Representative.

Tucson

Provider Relations Rep	Email Address	Phone Number
Chris Paquette	cpaquette@uph.org	(520) 874-5526
Steve Sherman	ssherman@uph.org	(520) 874-5540

Phoenix

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