

Dear Provider,

This letter is to confirm that this patient is covered by a PPO network health insurance plan with Philadelphia American.

This plan uses the MultiPlan PHCS PPO network. Please file claims under Philadelphia American network and Philadelphia American will pay benefits and send the outstanding amount to **MultiPlan PHCS for PPO network repricing**.

BILLING INSTRUCTIONS ARE BELOW

Please Bill:  
Philadelphia American  
P.O. Box 4884  
Houston, TX 77210-4884

**CLIENT IS NOT RESPONSIBLE FOR PAYMENT AT TIME OF SERVICE UNDER YOUR CONTRACT WITH MULTIPLAN PHCS NETWORK.**

Philadelphia American will pay their benefit as per the policy provisions, then they will send the bill to Multi Plan to apply the PPO network repricing.

Then the customer and doctor's office will be mailed an explanation of benefits a in a few weeks with the remaining patient responsibility that is owed, if any, to the doctor or facility.

### **Healthcare Providers**

#### **To Check on the Status of a claim**

For fastest service, please use the contact information provided below based on your specific service request:

- For questions related to submitted claims, contact the health plan using the number listed on the participant's ID card
- To check the status of your application, call 800-552-7879 or go to <https://www.multiplan.com/nominate/search.cfm>
- To check the status of your re-credentialing, call 800-552-7879
- To submit updates to your demographic information: 1). If you participate as a Medicare provider, Philadelphia American will receive demographic updates automatically when you update Medicare. 2). Via mail on your office letterhead or W-9 to Philadelphia American, P.O. Box 4884, Houston, TX 77210-4884
- To submit an NPI, email [registrar@multiplan.com](mailto:registrar@multiplan.com)
- **For unresolved claims you can request service online or call 800-552-7879**