



# Electronic Real-Time Eligibility\* Information

Ideal for both front and back office users in every dental office setting.

ClaimX real-time eligibility service is an easy-to-use solution providing instant connectivity to leading commercial and government insurers. This service enables you to automate time-consuming business functions while improving patient service. Implementation is easy. Using your internet connection you will communicate directly with insurance companies. To ensure privacy, your transaction is protected with the highest level of internet-based security.

## Benefits:

- Decrease phone calls to insurance companies
- Improve patient service
- Expedite reimbursements
- Increase cash flow
- Improve dental claim acceptance rate

## How It Works:

ClaimX real-time eligibility consolidates access to multiple payers from a single screen. It is a single source solution, allowing dental offices to receive eligibility and plan benefit information immediately from the insurance company. Insurance companies instantly return detailed benefit information such as plan maximums, deductibles, utilization and percentage paid by category. For some payers, you are able to check specifically by procedure code. Most importantly, the eligibility information received is displayed in an understandable, easy to read format that can be printed and shared with your patient.

\*This ClaimX feature requires a monthly fee. \$19.95

METLIFE

PROVIDER:

MITCHELL BLUMENTHAL  
Tax ID: 123456789  
Provider Plan Network: In Plan Network  
Benefits

INSURED:

KEMPER L MARTIN  
Member ID: 123456789  
Social Security Number: 123456789  
Group Number: 12345  
Dependent Sequence Number: 1  
Branch: 0007  
Subdivision: 0001  
Employee ID Number: 123456789  
Plan Code: 99  
Address:  
123 STATE CT  
GRAYSLAKE, IL 60030

PATIENT:

CHRISTINA A MARTIN  
Group Number: 12345 (1234567870)  
Dependent Sequence Number: 1  
Subdivision: 0001  
Branch: 0007  
Address:  
123 STATE CT  
GRAYSLAKE, IL 60030  
Relationship to insured: Self  
Birth Date: 08/04/1984  
Gender: Female

COVERAGE TYPE:

Dental, Active Coverage, Family

COVERAGE DATES:

Dependent:  
Eligibility: 01/01/1999

DEDUCTIBLES:

Individual, \$50.00  
Family, \$100.00

MAXIMUMS:

Individual, Dental Care, \$1,500.00  
Individual, Periodontics, \$1,500.00  
Individual, Orthodontics, Lifetime,  
\$1,500.00  
Individual, TMJ, Lifetime, \$1,500.00  
Individual, TMJ, Lifetime, Amount Met:  
\$320.00

COVERAGE:

Dental Care, D0150: 100%  
Deductible Applies: NO  
  
Dental Care, D0210: 100%  
Deductible Applies: NO  
  
Dental Care, D0270: 100%  
Deductible Applies: NO  
  
Dental Care, D1110: 100%  
Deductible Applies: NO

Dental Care, D1204: 100%  
Deductible Applies: NO

Dental Care, D1351: 100%  
Deductible Applies: NO

Dental Care, D1510: 100%  
Deductible Applies: NO

Dental Care, D2140: 80%  
Deductible Applies: YES

Dental Care, D2391: 80%  
Deductible Applies: YES

Dental Care, D2510: 50%  
Deductible Applies: YES

Dental Care, D2752: 50%  
Deductible Applies: YES

Dental Care, D2910: 50%  
Deductible Applies: YES

Dental Care, D2980: 50%  
Deductible Applies: YES

Dental Care, D3310: 80%  
Deductible Applies: YES

Dental Care, D4260: 80%  
Deductible Applies: YES

Dental Care, D4341: 80%  
Deductible Applies: YES

Dental Care, D4910: 100%  
Deductible Applies: NO

Dental Care, D5110: 50%  
Deductible Applies: YES

Dental Care, D6010: 50%  
Deductible Applies: YES

Dental Care, D6210: 50%  
Deductible Applies: YES

Dental Care, D7140:  
REFER

Dental Care, D7240: 100%  
Deductible Applies: NO

Dental Care, D7880: 80%  
Deductible Applies: YES

Dental Care, D8070: 50%  
Deductible Applies: YES

Dental Care, D9110: 80%  
Deductible Applies: YES

Dental Care, D9220:  
REFER

Dental Care, D9940: 80%  
Deductible Applies: YES

Dental Care, D9972:  
NOT COVERED  
Orthodontics: 50%

FREQUENCY LIMITATIONS:

D2752,  
530-676-4078



# Eligibility Example

1 visit per 3 CALENDAR YEARS  
D4910,  
4 visits per 1 CALENDAR YEAR  
D2510,  
1 visit per 5 CALENDAR YEARS  
  
D6210,  
1 visit per 5 CALENDAR YEARS  
D5110,  
1 visit per 5 CALENDAR YEARS  
D1110,  
2 visits per 1 CALENDAR YEAR  
Last Visit Date: 9/25/2007  
D0150,  
2 visits per 1 CALENDAR YEAR  
Last Visit Date: 9/25/2007  
D1204,  
1 visit per 1 CALENDAR YEAR  
D0210,  
1 visit per 3 CALENDAR YEARS  
Last Visit Date: 8/3/2006  
D0270,  
2 visits per 1 CALENDAR YEAR  
Last Visit Date: 7/14/2005

AGE LIMITATIONS:

Dependent to age 25  
Student to age 25  
Orthodontics, Employee to age 99  
Orthodontics, Student to age 25  
Orthodontics, Child to age 25

PLAN PROVISIONS:

This plan Coordinates Benefits  
This plan uses Birthday Rule to  
Coordinate Benefits  
COB Type - Non-duplication of  
benefits applies.  
This plan covers teeth lost prior to the  
effective date  
Total ortho charge to be considered as  
the placement charges 25%  
Repetitive ortho payments are made  
MONTHLY

RELATED ENTITY:

Employer  
ABBOTT LABORATORIES  
  
Payer  
MetLife  
PO BOX 981282  
EL PASO TX, 405124093  
Telephone: (800) 656-1049

AETNA INC

PROVIDER:

KEMPER L MARTIN  
Tax ID: 555115555

INSURED:

CHRISTINA A MARTIN  
Member ID: W123456789  
Social Security Number: 555115566  
Group Number: 012342002123453 (COMCAST CORPORATION)  
Plan Number: J  
Address:  
1250 STATE RD  
APT 10  
SECANE, PA 19018  
Birth Date: 08/30/1965  
Gender: Female

COVERAGE TYPE:

Active Coverage, HMO, Employee and Children

COVERAGE DATES:

Eligibility: 07/01/2003  
Service Date: 04/03/2008 - 04/03/2008

MAXIMUMS:

Individual, Procedure Code: D8080, Lifetime, \$1,000.00  
Individual, Procedure Code: D8080, Lifetime, Amount Remaining: \$1,000.00  
Family, Procedure Code: D8080, Lifetime, \$1,000.00

COVERAGE:

IN NETWORK:

D0150: 100%  
D1110: 100%  
D2140: 100%  
D2752: 75%  
D3310: 100%  
D4341: 100%  
D5110: 75%  
D6752: 75%  
D8080: 50%

PLAN PROVISIONS:

ALTERNATE BENEFITS PROVISION

RELATED ENTITY:

Gateway Provider: 880799  
American Dental Care, PC  
1003 West Baltimore Pike  
Media PA, 19063

Facility: 000004123



## Eligibility Example

AMERITAS LIFE INSURANCE CORP.  
Contact: CUSTOMER RELATIONS  
Telephone: (800) 487-5553  
FAX: (402) 309-2580  
E-Mail: GROUP@AMERITAS.COM



## Eligibility Example

**PROVIDER:**

KEITH E WILLIAMS DDS  
Tax ID: 123456789

**INSURED:**

KEMPER L MARTIN  
Member ID: 123456789

**PATIENT:**

CHRISTINA A MARTIN  
Group Number: 0000001234 (CITY OF DINUBA)  
Address:  
123 E STATE AVE  
DINUBA, CA 936182721  
Relationship to insured: Spouse  
Birth Date: 02/26/1957  
Gender: Female

**COVERAGE TYPE:**

Dental Care, Active Coverage, Group Policy

**COVERAGE DATES:**

Dependent:  
Eligibility: 04/25/1991

**OTHER INFORMATION:**

**PLAN PROVISIONS:**

YOU WILL NEED TO SPEAK TO A REPRESENTATIVE TO GET PLAN INFORMATION.  
FINAL BENEFIT CALCULATION WILL BE DETERMINED UPON RECEIPT OF THE CLAIM.  
THIS IS NOT A GUARANTEE OF PAYMENT OR ELIGIBILITY.  
CHILD ELIGIBILITY IS DEPENDANT UPON AGE AND STUDENT STATUS AT THE TIME OF SERVICES.

**TRACE INFORMATION:**

Trace - Transaction ID: 846131

CGLIC  
Telephone: (888) 336-8258

PROVIDER:

KEITH E WILLIAMS DDS  
Tax ID: 123456789

INSURED:

KEMPER L MARTIN  
Member ID: 123456789  
Group Number: 123456789 (SAPUTO CHEESE USA, INC.)  
Address:  
123 STATE ST  
WOODLAKE, CA 93286

PATIENT:

CHRISTINA A MARTIN  
Member ID: 123456789  
Group Number: 123456789 (SAPUTO CHEESE USA, INC.)  
Address:  
123 STATE ST  
WOODLAKE, CA 93286  
Relationship to insured: Spouse  
Birth Date: 04/08/1977  
Gender: Female

COVERAGE TYPE:

Active Coverage, PPO

COVERAGE DATES:

Dependent:  
Eligibility: 08/29/2007

DEDUCTIBLES:

IN NETWORK:

Individual, Calendar Year, \$100.00  
Family, Calendar Year, \$150.00

OUT OF NETWORK:

Individual, Calendar Year, \$100.00  
Family, Calendar Year, \$150.00

MAXIMUMS:

IN NETWORK:

Individual, Dental Care, Annual, \$1,500.00  
Individual, Orthodontics, Lifetime, \$1,000.00

OUT OF NETWORK:

Individual, Dental Care, Annual, \$1,500.00  
Individual, Orthodontics, Lifetime, \$1,000.00

CO-INSURANCE:

IN NETWORK:

Diagnostic Dental: 100%  
Routine(Preventive) Dental: 100%  
Restorative: 80%  
Dental Crowns: 50%  
Endodontics: 80%  
Prosthodontics: 50%  
Oral Surgery: 80%  
Orthodontics: 50%



## Eligibility Example

OUT OF NETWORK:

Diagnostic Dental: 100%  
Routine(Preventive) Dental: 100%  
Restorative: 80%  
Dental Crowns: 50%  
Endodontics: 80%  
Prosthodontics: 50%  
Oral Surgery: 80%  
Orthodontics: 50%

TRACE INFORMATION:

Trace - Transaction ID: 843283

DELTA DENTAL INS. CO. - TEXAS  
Contact: Member Services  
Telephone: (800) 336-8264



## Eligibility Example

### PROVIDER:

DUANE TAYLOR DDS  
Provider ID: 123456789  
Tax ID: 123456789

### INSURED:

KEMPER L MARTIN  
Member ID: 123456789  
Group Number: 123456789 (DEAN FOODS - OPTION 2)

### PATIENT:

CHRISTINA A MARTIN  
Relationship to insured: Child  
Birth Date: 06/23/2001

### COVERAGE TYPE:

Active Coverage, Group Policy, Family,  
Delta's Access

### COVERAGE DATES:

Dependent:  
Eligibility: 01/01/2003  
Service Date: 01/01/2008 - 12/31/2008

### DEDUCTIBLES:

Delta's Access

Individual, Annual, None

In-Network

Individual, Annual, \$50.00  
Individual, Annual, Amount Remaining: \$50.00  
Individual, Diagnostic Dental, Annual, None  
Family, Annual, \$150.00  
Family, Annual, Amount Remaining: \$100.00

Out-Network

Individual, Annual, \$50.00  
Individual, Annual, Amount Remaining: \$50.00  
Individual, Diagnostic Dental, Annual, None  
Family, Annual, \$150.00  
Family, Annual, Amount Remaining: \$100.00

### MAXIMUMS:

In-Network

Individual, Annual, \$1,500.00  
Individual, Annual, Amount Remaining: \$1,387.00  
Individual, Orthodontics, Lifetime, \$1,500.00

Out-Network

Individual, Annual, \$1,500.00  
Individual, Annual, Amount Remaining: \$1,387.00  
Individual, Orthodontics, Lifetime, \$1,500.00

### COVERAGE:

In-Network

Diagnostic Dental: 100%  
Basic Restorative: 80%  
Dental Crowns: 50%  
Prosthodontics: 50%  
Orthodontics: 50%

Out-Network

Diagnostic Dental: 100%  
Basic Restorative: 80%  
Dental Crowns: 50%  
Prosthodontics: 50%  
Orthodontics: 50%

### AGE LIMITATIONS:

In-Network

Orthodontics, to age 19

Out-Network

Orthodontics, to age 19

### TRACE INFORMATION:

Trace - Transaction ID: 1599769

PRINCIPAL LIFE INSURANCE COMPANY

PROVIDER:

KEITH E WILLIAMS DDS  
Tax ID: 123456789

INSURED:

KEMPER L MARTIN  
Member ID: 123456789  
Birth Date: 04/04/1959  
Gender: Male

COVERAGE TYPE:

Routine(Preventive) Dental, Active Coverage, Group  
Policy, Individual

COVERAGE DATES:

Service Date: 08/30/2007

DEDUCTIBLES:

IN NETWORK:

Individual, Calendar Year, None

OUT OF NETWORK:

Individual, Calendar Year, \$75.00  
Individual, Amount Remaining: \$0.00

MAXIMUMS:

IN NETWORK:

Individual, Routine(Preventive) Dental, Annual, PPO,  
\$1,500.00  
Individual, Routine(Preventive) Dental, Annual, PPO,  
Amount Remaining: \$1,092.00

OUT OF NETWORK:

Individual, Routine(Preventive) Dental, Annual,  
Indemnity, \$1,200.00  
Individual, Routine(Preventive) Dental, Annual,  
Indemnity, Amount Remaining: \$792.00

CO-INSURANCE:

IN NETWORK:

Routine(Preventive) Dental: 100%

OUT OF NETWORK:

Routine(Preventive) Dental: 100%

OTHER INFORMATION:



## Eligibility Example

FREQUENCY LIMITATIONS:

Routine(Preventive) Dental,  
2 visits per

AGE LIMITATIONS:

Routine(Preventive) Dental, Individual From  
9/28/2006

TRACE INFORMATION:

Trace - Transaction ID: 846128



# Payer List

## Payer's List 270

Payer ID	Payer Name	Type
61425	ACEC-Healthplan	
80705	AH & L (Anthem Health & Life Ins of NJ)(Kennett, MO)	Benefit
80705	ALTA Health & Life Ins. Co. (Kennett, MO)	Benefit
60054	Adventis Risk Management Inc	Benefit
60054	Aetna	Benefit
47009	Ameritas Life Insurance Corp. (Lincoln, NE)	
80705	Anthem Health & Life Insurance Co of New	Benefit
84105	Anthem of CT (PO Box 547 North Haven, CT)	
84105	Anthem of CT (PO Box 9274, Oxnard, CA)	
CX052	Atlantic Dental Inc (Coral Gables, FL)	
CBAL1	Blue Cross of Alabama (Birmingham, AL)	Benefit
84099	Blue Cross of Colorado/Anthem - Colorado Springs, CO	
84105	Blue Cross of Connecticut (PO Box 547 North Haven, CT)	
CB621	Blue Cross of Illinois (Oak Brooke Terrace, IL)	
84105	Blue Cross of Indiana Anthem	
84105	Blue Cross of Kentucky/Indiana/Ohio Anthem - Louisville,	
BME01	Blue Cross of Maine	
CBMA1	Blue Cross of Massachusetts (North Quincy, MA)	
CBM11	Blue Cross of Michigan (Detroit, MI)	
BNH01	Blue Cross of New Hampshire	
22099	Blue Cross of New Jersey (Horizon) (Newark, NJ)	Benefit
CBNM1	Blue Cross of New Mexico (Belleville, IL)	
84105	Blue Cross of Ohio Anthem	
38520	Blue Cross of South Carolina (Columbia/Charleston	
38520	Blue Cross of South Carolina (Greenville, SC)	
CB900	Blue Cross of Texas (Dallas, TX)	
47009	Businessmen Assurance (NE)	
61271	Christian Brothers Services (Colorado Springs, CO)	Benefit
62308	Cigna	Benefit
62308	Connecticut General (Bloomfield, CT)	Benefit
62308	Continental Dental (Plantation, FL)	Benefit
52132	Cooperative Benefit Administrators (CBA) (Lincoln, NE)	
41045	CoreSource (AZ, MN)	
35180	CoreSource (NC, IN) (Charlotte, NC)	
35183	CoreSource OH - mailed to OH	
75136	CoreSource of Little Rock (Little Rock, AK)	
35182	CoreSource of PA MD IL (Lancaster, PA)(Clinton, IA)	
41045	CoreStar (Minneapolis,MN)	
94276	Delta Dental of Alabama ( Irving, TX)	Benefit
94276	Delta Dental of Alaska (Irving, TX)	Benefit
86027	Delta Dental of Arizona	Benefit
CDCAP	Delta Dental of CA (PMI) (12898 Towne Center Drive,	
77777	Delta Dental of California	Benefit
22189	Delta Dental of Connecticut (Parsipanny, NJ)	Benefit
51022	Delta Dental of Delaware (Mailed to Mechanicsburg, PA)	Benefit
94276	Delta Dental of Florida (Irving, TX)	Benefit
94276	Delta Dental of Georgia (Alpharetta, GA)	Benefit
05030	Delta Dental of Illinois (Lisle, IL)	Benefit
CDIN1	Delta Dental of Indiana (Farmington Hills, MI)	Benefit
CDKS1	Delta Dental of Kansas(Whichita, KS)	Benefit
94276	Delta Dental of Louisiana(Irving, TX)	Benefit
23166	Delta Dental of Maryland(Mechanicsburg, PA)	Benefit
04614	Delta Dental of Massachusetts (Boston, MA)	Benefit
CDM10	Delta Dental of Michigan(Farmington Hills, MI)	
94276	Delta Dental of Mississippi (Irving, TX)	Benefit
43090	Delta Dental of Missouri	Benefit



# Payer List

## Payer's List 270

Payer ID	Payer Name	Type
94276	Delta Dental of Montana (Sacramento, CA)	Benefit
94276	Delta Dental of Nevada (Irving TX)	Benefit
22189	Delta Dental of New Jersey (Parsipanny, NJ)	Benefit
85022	Delta Dental of New Mexico(Albuquerque, NM)	
11198	Delta Dental of New York (Mechanicsburg, PA)	Benefit
CDOH1	Delta Dental of Ohio(Farmington Hills,MI)	Benefit
CDOK1	Delta Dental of Oklahoma(Oklahoma City, OK)	
23166	Delta Dental of Pennsylvania(Mechanicsburg, PA)	Benefit
CDTN1	Delta Dental of Tennessee (Nashville, TN)	
94276	Delta Dental of Texas(Irving TX)	Benefit
94276	Delta Dental of Utah (Irving TX)	Benefit
52147	Delta Dental of Washington DC (Mechanicsburg, PA)	Benefit
91062	Delta Dental of Washington-State	Benefit
31096	Delta Dental of West Virginia	Benefit
39069	Delta Dental of Wisconsin Stevens Point, WI)	Benefit
CX035	Dental Care Plus - Cincinnati, OH	
64246	Dental Guard Preferred (Spokane, WA)	
94146	Denti-Cal (Medicaid of California) (Sacramento, CA)	
HSP01	District Council 37 Health & Welfard Fund	
62308	EQUICOR	Benefit
47009	Employee Benefits Services (Lincoln, NE)	
89070	Family Members Dental Plan (Harrisburg, PA)	Benefit
72630	First Ameritas Life Ins Corp of New York (Lincoln, NE)	
80705	Great-West Life and Annuity Ins. Co. (Kennett, MO)	Benefit
CX015	Group Link of Indiana (Indianapolis, IN)	
64246	Guardian Life Insurance Company of America (Spokane,	
47009	Health Plan Services (Lincoln, NE)	
95378	Heritage National Healthplan/John Deere Health Care	
CX015	Hoosier Dental (Indianapolis, IN)	
22099	Horizon (Blue Cross of New Jersey) (Indianapolis, IN)	Benefit
64246	IBEW Welfare Trust Fund (Decatur, IL)	
CDOK1	Indian Health Services (Oklahoma City, OK)	
61271	J.F. Molloy and Associates, Inc.(Colorado Spring, CO)	Benefit
95378	John Deere Health Care/Heritage National	
CKAL1	Medicaid of Alabama	
CKAR1	Medicaid of Arkansas	
94146	Medicaid of California (Denti-Cal)	
CKCO1	Medicaid of Colorado	
CKCT1	Medicaid of Connecticut (New Britton, CT)	
CKFL1	Medicaid of Florida	
CKGA1	Medicaid of Georgia	
CKID1	Medicaid of Idaho (Boise, ID)	
CKIN1	Medicaid of Indiana (Boise, ID)	
CKIA1	Medicaid of Iowa (Des Moines, IA)	
CKKS1	Medicaid of Kansas (Mequon, WI)	
CKKY1	Medicaid of Kentucky (Mequon , WI)	
CKLA1	Medicaid of Louisiana (EPSDT) (Baton Rouge, LA)	
CKME1	Medicaid of Maine	
CKMD1	Medicaid of Maryland, Depart. of Health and Mental	
CKMA1	Medicaid of Massachusetts	
CKMI1	Medicaid of Michigan	
CKMN1	Medicaid of Minnesota	
CKMS1	Medicaid of Mississippi	
CKMO1	Medicaid of Missouri (Jefferson City, MO)	
CKMT1	Medicaid of Montana	
CKNV1	Medicaid of Nevada (San Antonio, TX)	



# Payer List

## Payer's List 270

<u>Payer ID</u>	<u>Payer Name</u>	<u>Type</u>
CKNH1	Medicaid of New Hampshire	
CKNJ1	Medicaid of New Jersey (Trenton, NJ)	
CKNM1	Medicaid of New Mexico	
CKNY1	Medicaid of New York	
CKNC1	Medicaid of North Carolina (Raleigh, NC)	
CKND1	Medicaid of North Dakota (Bismark, ND)	
CKOH1	Medicaid of Ohio (Administrated by Quadax) (Columbus,	
CKOK1	Medicaid of Oklahoma (Oklahoma City, OK)	
CKOR1	Medicaid of Oregon	
CKPA1	Medicaid of Pennsylvania (Harrisburg, PA)	
CKSC1	Medicaid of South Carolina	
CKTX1	Medicaid of Texas	
CKVA1	Medicaid of VA - Richmond, VA	
CKVT1	Medicaid of Vermont	
CKWA1	Medicaid of Washington	
CKWV1	Medicaid of West Virginia (Chareleston, WY)	
CKW11	Medicaid of Wisconsin (Madison, WI)	
CKWY1	Medicaid of Wyoming (Cheyenne, WY)	
CB833	Medical Mutual of Ohio (MMO)	Benefit
65978	Metlife (El Paso, TX)	Benefit
CDMI0	Michigan Conference of Teamsters (Farmingotn Hills, MI)	
CKTX1	NHIC (Medicaid of TX)	
41045	NW National Life (MN, AZ)	
81264	Nippon Life Insurance Company of America	Benefit
80705	ONE Health Plan Inc of California	Benefit
80705	ONE Health Plan Inc of Colorado	Benefit
80705	ONE Health Plan Inc of Florida	Benefit
80705	ONE Health Plan Inc of Georgia	Benefit
80705	ONE Health Plan Inc of Idaho	Benefit
80705	ONE Health Plan Inc of Indiana	Benefit
80705	ONE Health Plan Inc of Iowa	Benefit
80705	ONE Health Plan Inc of Kentucky	Benefit
80705	ONE Health Plan Inc of Mississippi	Benefit
80705	ONE Health Plan Inc of New Jersey	Benefit
80705	ONE Health Plan Inc of New York	Benefit
80705	ONE Health Plan Inc of North Carolina	Benefit
80705	ONE Health Plan Inc of Oklahoma	Benefit
80705	ONE Health Plan Inc of Texas	Benefit
80705	ONE Health Plan Inc of The District of Columbia	Benefit
80705	ONE Health Plan Inc of Vermont	Benefit
80705	ONE Health Plan Inc of Virginia	Benefit
80705	ONE Health Plan Inc of Washington	Benefit
80705	ONE Health Plan Inc of Wisconsin	Benefit
80705	ONE Health Plan Inc. of Alaska	Benefit
80705	ONE Health Plan Inc. of Arizona	Benefit
80705	One Health Plan Inc of Wyoming	Benefit
CDCAP	PMI (Delta Dental of CA) (12898 Towne Center Drive	
47009	Paul Revere / Provident	
61271	Principal (Coloradp Springs, CO)	Benefit
36088	Reliance Standard Life (Lincoln, NE)	
41045	Reliastar (146 Industrial Park Rd, Jackson, MN)	
41045	Reliastar (7830 East Broadway, Tucson, AZ)	
41045	Reliastar (PO Box 1195, Mpls, MN)	
CX030	Safeguard PPO -(PO box 30930 Laguna Hills & Aliso Viejo,	
CX067	Shenandoah Life Insurance (Roanoke, VA)	
13411	Standard Ins Co. of New York (PO Box 82520, Lincoln,	



# Payer List

## Payer's List 270

<u>Payer ID</u>	<u>Payer Name</u>	<u>Type</u>
64246	Strategic Outsourcing Inc. (SOI) (Charolotte, NC)	
47009	Sun Life Canada	
47009	Sun Life Financial	
31117	Superior Dental Care	
60054	TRW	Benefit
CDM10	Teamsters Welfare Fund (Farmington Hills, MI)	
TDN01	The Dental Network (7400 York Raod, Suite 200, Towson,	
65978	Travelers (El Paso, TX)	Benefit
89070	Tricare Dental Plan (UCCI) Harris burg, PA)	Benefit
61425	Trustmark Insurance - Lake Forest, IL	
89070	UCCI (United Concordia)	Benefit
62308	UFT Welfare Fund	Benefit
47009	Unifi Companies (Lincoln, NE)	
89070	United Concordia (UCCI)	Benefit
95378	United Health Care of River Valley (Moline, IL)	
91062	Washington Dental Service (Seattle, WA)	Benefit