



Dear Provider:

A network patient participating in the Med Life Plus Program was seen in your office. When you call 888-282-8433, the system will fax back to you an Explanation of Savings with the appropriate network logo. The member's program uses different networks based on their location.

Three Rivers Provider Network (TRPN) leases several regional networks such as Managed Care Strategies, Buckeye, Fortified Provider Network and Quality Health Plans.

The card that was presented to you should be honored as under your Agreement with any of the above mentioned networks. This plan entitles the cardholder and their dependents to receive the negotiated allowable amount through your provider agreement. The cardholder has a limited benefit plan design.

For your convenience, we have automated the provider fee schedule. This system will give you the patient's eligibility and the Network allowable/contracted rate. The member must pay the contracted rate at the time of service. When you use the automated system, there is **NO NEED TO FILE A CLAIM FORM**.

However, if your provider office has a remote billing center or is too busy to use the automated system, please collect 80% of the billed amount from the patient and mail the claim for physician charges to:

Med Life Plus
20532 El Toro Road, Suite 303
Mission Viejo, CA 92692

If you would like to use the automated system to determine eligibility, maintain HIPAA compliance and submit the claim electronically for repricing, simply call 888-282-8433:

1. Enter the member ID followed by a pound (#) sign. If the member is not eligible the system will say the "member cannot be found" or the member was terminated on x-date.
2. Enter the Provider tax identification number.
3. Enter the procedure or CPT-4 code(s) and billed amount(s).
4. The computer/phone system will calculate the "allowable amount" which the member should be charged. Enter your fax number and an explanation of the transaction will be faxed. Collect the allowable amount from the patient.

The provider's office may also fax the claim to our toll-free fax number at 800-538-0885.

If you have any questions about the networks or this program please contact Provider Relations at 800-730-9730.