

Insurance Carrier Search

Insurance Carrier Name:

Insurance Carrier List

Select	Insurance Carrier Name	Phone	Fax
<input type="button" value="Select"/>	Blue Care Family Plan (BC/BS of CT)		
<input type="button" value="Select"/>	Blue Choice (UB92)		
<input type="button" value="Select"/>	Blue Choice Missouri		
<input type="button" value="Select"/>	Blue Choice of Missouri		
<input type="button" value="Select"/>	Blue Cross and Blue Shield of Alaska - Premara		

1 2 3 4 > >| 95 records

Insurance Carrier * Blue Care Family Plan (BC/BS of CT)

Insurance Type *

Address

City

State

Zip

Policy Billing Order *

ERISA

Insured's Name *

Policy/Member Id *

Group Name

Group #

Phone

Fax

Email

Coverage Date * To

Insured's Name: Required - Currently, this must be a family member. **It is wrong (covered insurance may not always be a family member) and will be changed in the near future.** This may be called the 'enrollee' and is the name printed on the insurance card. This is usually a parent's name. Currently, the name printed on the card must EXACTLY match the family member's name on MOFS. Again, this will change.

Policy/Member Id: Required. This is the full, long number on the card. It may be called 'Contract No.' It is usually near the middle of the insurance card.

Group Name: Not required. This will rarely be known by the SC or the family.

Group #: Not required. Group number is usually near the lower left on the card. It is not part of the 'Contract Number'. If available it is usually clearly marked on the card.

Phone: Not required - but nice. The phone number collected must answer this question: What number would a doctor call for this carrier? It will be found on the back of the insurance card.

Fax & Email: Not required

Coverage Date: Required. If unknown - put in coverage start date. **best guess. Never** enter the coverage end date unless 100% certain or if ending the insurance information. Historical information is OK to collect but not required.

Insurance Type: Not required. Ignore insurance 'type' unless absolutely certain.

Address: Not required. On back of the insurance card.

Policy Billing Order: Required. If multiple carriers - this is the insurance with first, second and third responsibility for claims. If unknown - mark as 'primary'.

ERISA: Absolutely ignore ERISA. Tell users to never fill it in unless 100% certain.