

Quick Reference Guide

Important Phone Numbers

Zing Health Customer Service
Monday through Friday 8 a.m. to 5 p.m.
Phone: **1-866-946-4458 (TTY 711)**
Fax: **1-844-946-4458**
www.myzinghealth.com

Pharmacy (**Navitus**): **1-866-270-3877**
Behavioral Health: **1-866-946-4458**
Eligibility & PCP Changes: **1-866-946-4458**

Prior Authorizations Email: **prior_auth@myzinghealth.com** Appeals Email: **appeals@myzinghealth.com**
Prior Authorizations Fax: **1-844-946-4458** Appeals Fax: **1-844-917-4458**

Vendor Phone Numbers

Liberty Dental (dental benefits): **1-866-946-4458** Navitus (pharmacy benefits): **1-866-946-4458**
EyeMed (vision benefits): **1-866-946-4458** NationsOTC (over-the-counter benefits): **1-866-946-4458**
NationsHearing (hearing benefits): **1-877-391-8637** MD Live (telehealth benefits): **1-800-657-6169**
American Specialty Health (PT/OT/ST/Chiro): **1-800-678-7133** 24/7 Nurse Advice Line: **1-855-494-6877**
Silver&Fit (fitness benefits): **1-877-427-4788**

Medical and Behavioral Health Claims

Paper Claim Submissions

ZING HEALTH
P.O. Box 981718
El Paso, TX 79998-1718

Electronic Claim Submissions

EDI TRADING PARTNER - CHANGE HEALTH
1-844-217-1199
<https://www.changehealthcare.com>

Timely Filing Notice

Timely filing is 365 days from the date of service or the date of discharge unless otherwise specified in the provider agreement.

Sample Medical ID Card *(may vary by plan)*

 <p>Contract: H7330 PBP: 001</p> <hr/> <p>Zing Choice IL (HMO) A Medicare Health Plan with Prescription Drug Coverage</p> <p>Member: First & last name Member ID#: Z0000000XX Effective Date: 10/21/2020 PCP: Last name, First Name PCP Phone: 1-XXX-XXX-XXXX</p> <p>RxBIN: 610602 RxPCN: NVTD RxGRP: ZNG001 RxID:</p> <p></p> <p>Copays: PCP: \$0 Spec: \$25 Emergency Room: \$120 If Member has full Medicaid, no balance billing</p>	<p>Customer Service: Members, Providers, Dental, Vision and Hearing 1-866-946-4458 TTY: 711</p> <p>Pharmacy Providers Help Desk: 1-866-270-3877</p> <p>24/7 Nurse Hotline 1-855-494-6877</p> <p>MD Live (TeleHealth) 1-855-494-6877</p> <p>Payer ID Number: 83248</p> <p>Medical Paper Claims Zing Health PO Box 981718 El Paso, TX 79998-1718</p> <p>    </p> <p>www.myzinghealth.com</p>
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EDI Trading Partner - Change Healthcare

PAYOR: ZING HEALTH

PAYOR ID: 83248

PHONE: 1-844-217-1199

Clearinghouse Connectivity:

Zing Health has partnered with Change Healthcare as our preferred EDI clearinghouse. You may connect directly to Change Healthcare, or in some cases your existing clearinghouse, billing service, or trading partner may have existing reciprocal agreements with Change Healthcare.

We encourage you to contact your claims vendor and determine if they have connectivity to Change Healthcare.

To contract directly with Change Healthcare as your EDI clearinghouse, please complete the Sales Inquiry form online (<https://www.changehealthcare.com/contact/sales>) or contact them directly at **1-844-217-1199**.

Submitting Corrected Claims

PAPER CORRECTED CLAIMS

ATTN: Claims

Zing Health

P.O. Box 981718

El Paso, TX 79998-1718

Timeframe: Provider claim disputes should be submitted within 60 days from the date of the Explanation of Payment (EOP)

CLAIM PAYMENT DISPUTES

ATTN: Claim Payment Dispute

Zing Health

303 West Madison Street, Suite 800

Chicago, IL 60606

FAX: 1-866-946-4458

provider.services@myzinghealth.com

Timeframe: Provider claim disputes should be submitted within 60 days from the date of the Explanation of Payment (EOP)

Prior Authorization

A list of tests, procedures, and services requiring prior authorization is available on our website at www.myzinghealth.com/provider-forms-and-documents.