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MeridianRx 2017 Payer Sheet v1 (Revised 6/15/2017) NCPDP Version D.0 Claims Billing

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Template Request Claim Billing Payer Sheet
Template **Start of Request Claim Billing
(B1) Payer Sheet Template** General
Information Payer Name: MeridianRx BIN:
610241 Date: January 1, 2017 Plan Name/Group
Name PCN Refer to Member ID Card HPMMCD
(Medicaid)

~~2017 Payer Sheet NCPDP Version D — MeridianRx
SentinelRx 2017 Payer Sheet (Revised 5/2017)
BIN Information Payer/Processor Name BIN
Number Effective as of NCPDP Version
SentinelRx 018803 1/1/2017 D.0 PCN List for
BIN 018803 SentinelRx PCN Plan/Group Group ID
Line of Business Description RXMCDP Refer to
member ID card Refer to member ID card
Medicaid Refer to member ID card for~~

~~2017 Payer Sheet NCPDP Version D — MeridianRx
2017 Payer Sheet NCPDP Version D.0 For all
MEDICARE serviced plans Version 1.0 for 2017
Release Date: April 3, 2017 Effective Date:
January 1, 2017~~

~~NCPDP PAYER SHEET TEMPLATE — MeridianRx
2017 Payer Sheet NCPDP Version D.0 For all
MEDICARE serviced plans Version 1.0 for 2017
Release Date: April 3, 2017 Effective Date:
January 1, 2017 Page 3/10. Bookmark File PDF
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SentinelrxNCPDP PAYER SHEET TEMPLATE -
MeridianRx Other versions supported: NCPDP
5.1~~

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NCPDP Version D.0 Payer Sheet. Payer Name: EpiphanyRx Date: 9/21/2020 Plan Name/Group Name: ALL PLANS BIN: 020040 PCN: *N/A. *FOR COMMUNITY HEALTH NETWORK ONLY USE PCN: AE7271. Plan Name/Group Name: ALL TEST CLAIMS BIN: 020040 PCN: N/A.

~~NCPDP Version D.0 Payer Sheet~~

©National Council for Prescription Drug Programs, Inc. 2010 NCPDP" WYOMING MEDICAID NCPDP VERSION D.0 PAYER SHEET REQUEST CLAIM BILLING/CLAIM REBILL ** Start of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet ** GENERAL INFORMATION Payer Name: Wyoming Department of Health Date: July 12, 2017

~~NCPDP PAYER SHEET TEMPLATE~~ — Customer Support

Other versions supported: NCPDP 5.1 Telecommunication Standard supported until 1/1/2012. Refer to version 5.1 payer sheet. OTHER TRANSACTIONS SUPPORTED Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction. Transaction Code

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Transaction Name

~~NCPDP PAYER SHEET TEMPLATE — OptumRx~~

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NCPDP Data Dictionary Version Date: April
2017 NCPDP External Code List Version Date:
April 2017 Provider Relations Help Desk Info:
1-800-365-4944 . OTHER TRANSACTIONS SUPPORTED
. Payer: Please list each transaction
supported with the segments, fields, and
pertinent information on each transaction.
Transaction Code Transaction Name

~~NCPDP PAYER SHEET — Montana~~

2 v.2. 01/19/2017 1. NCPDP VERSION D CLAIM
BILLING 1.1 REQUEST CLAIM BILLING GENERAL
INFORMATION Payer Name: Ramsell Corporation
Date: January 2016 Plan Name/Group Name: SEE
APPENDIX BIN: SEE APPENDIX PCN: SEE APPENDIX
Processor: OptumRx Effective as of: July 23,
2015 NCPDP Telecommunication Standard
Version/Release #: D.0 NCPDP Data Dictionary
Version Date: October 2012 NCPDP External
Code ...

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~~NCPDP Telecommunication standard d.0 payer sheet~~

1.0 1/1/2017 Payer Sheet for 2017 ...
MeridianRx 2020 Payer Sheet v1 (Revised
9/1/2020) NCPDP Version D.0 Claims Billing
Template Request Claim Billing Payer Sheet
Template Start of Request Claim Billing (B1)
Payer Sheet General Information Payer Name:
MeridianRx BIN: 610241 Date: January 1, 2020

~~2020 Payer Sheet NCPDP Version D MeridianRx~~
Effective as of: April 1, 2017 NCPDP
Telecommunication Standard Version/Release #:
D.0 NCPDP Data Dictionary Version Date: July
2007 NCPDP External Code List Version Date:
October 2011 Contact/Information Source:
1-877-463-7671, 1-515-256-4608 (local)

~~IOWA MEDICAID NCPDP VERSION D.0 PAYER SHEET~~
2019 Payer Sheet NCPDP Version D.0 Version
3.0 for 2019 Effective Date: ... 1.0 1/1/2017
Payer Sheet for 2017 2.0 1/1/2018 Payer Sheet
for 2018 3.0 1/1/2019 Payer Sheet for 2019 .
5 MeridianRx 2019 Payer Sheet v1 (Revised
1/1/2019) NCPDP Version D.0 Claims Billing
Template Request Claim Billing Payer Sheet
Template ...

~~2019 Payer Sheet NCPDP Version D MeridianRx~~
NCPDP Payer Sheet Department of Health Care
Services (DHCS) Fiscal Intermediary (FI)
Version 5.4 May 2019 2 CLAIM BILLING
TRANSACTION The following lists the segments
and fields in a Request Claim Billing

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Transaction for NCPDP Telecommunication
Standard Implementation Guide Version D.0.

~~DEPARTMENT OF HEALTH CARE SERVICES – Medi-Cal~~
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as skillfully as conformity can be gotten by
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concerning this life, all but the world.

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