

Company & Contract Summary

Self-Insured Contracts are as follows:

Employer	Employer Contract Effective Date	Employee Obligation	Group #	Send Claims to:	Claims Paid By:	Verification of Benefits	Pre-Cert. / UR	Primary & Wrap Networks
<i>Anesthesia Associates of Gainesville, LLC</i>	04/01/2025	See ID Card	8700	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503 Payer ID #40459	<u>Benefit Support</u> 770-532-2690	<u>Hines and Associates</u> 800-866-0105	HP (Primary) First Health (Wrap)
<i>Atex, Inc.</i>	05/01/2024	See ID Card	L0010	Aither Health PO Box 211440 Eagan, MN 55121	Aither Health PO Box 211440 Eagan, MN 55121 Payer ID #64884	<u>Aither Health</u> 833-599-2173	<u>Aither Health</u> 833-599-2173	HP (Primary) First Health (Wrap)
<i>Banks County BOC</i>	07/01/2024	\$35 Co-Pay	510B	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088 Payer ID #56144	<u>Healthgram</u> https://providers.healthgram.com	<u>Healthgram</u> 980-201-3020	HP (Primary) Healthgram & PHCS (Wrap)
<i>Center for Advanced Research & Education, LLC</i>	12/01/2024	See ID Card	SMP008	Edison Health Solutions PO Box 21607 Eagan, MN 55121	Edison Health Solutions PO Box 21607 Eagan, MN 55121 Payer ID #66456	<u>Edison Health Solutions</u> 855-205-8360	<u>CMSI</u> 800-861-8750	HP (Primary) First Health (Wrap)
<i>Chestnut Mountain Church</i>	11/01/2024	See ID Card	SMP005	Edison Health Solutions PO Box 21607 Eagan, MN 55121	Edison Health Solutions PO Box 21607 Eagan, MN 55121 Payer ID #66456	<u>Edison Health Solutions</u> 855-205-8360	<u>CMSI</u> 800-861-8744	HP (Primary) First Health (Wrap)

Company & Contract Summary

Self-Insured Contracts are as follows:

Employer	Employer Contract Effective Date	Employee Obligation	Group #	Send Claims to:	Claims Paid By:	Verification of Benefits	Pre-Cert. / UR	Primary & Wrap Networks
<i>City of Demorest</i>	02/01/2025	See ID Card	SMP036	Edison Health Solutions PO Box 21607 Eagan, MN 55121	Edison Health Solutions PO Box 21607 Eagan, MN 55121 Payer ID #66456	<u>Edison Health Solutions</u> <u>855-205-8360</u>	<u>CMSI</u> <u>800-861-8744</u>	HP (Primary) First Health (Wrap)
<i>City of Gainesville</i>	01/01/2017	*Call Payor	359	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088 Payer ID #56144	<u>Healthgram</u> https://providers.healthgram.com	<u>Healthgram</u> <u>980-201-3020</u>	HP (Primary) Healthgram & PHCS (Wrap)
<i>Cottrell, Inc</i>	01/01/2021	\$25 Co-Pay	424	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088 Payer ID #56144	<u>Healthgram</u> https://providers.healthgram.com	<u>Healthgram</u> <u>980-201-3020</u>	HP (Primary) Healthgram & PHCS (Wrap)
<i>Gainesville Radiology Group, PC</i>	12/01/2024	\$50/\$90 Co-Pay	8699	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503 Payer ID #40459	<u>Benefit Support</u> <u>770-532-2690</u>	<u>Hines and Associates</u> <u>800-866-0105</u>	HP (Primary) First Health (Wrap)
<i>GetUWired</i>	11/01/2024	See ID Card	SMP004	Edison Health Solutions PO Box 21607 Eagan, MN 55121	Edison Health Solutions PO Box 21607 Eagan, MN 55121 Payer ID #66456	<u>Edison Health Solutions</u> <u>855-205-8360</u>	<u>CMSI</u> <u>800-861-8744</u>	HP (Primary) First Health (Wrap)

Revised 07-1-2025

F:\Health Partners\Hltptrs\PROVREL\Provider Handbook\Company & Contract Summary July 1, 2025.docx

www.healthpartnersnetwork.com

Company & Contract Summary

Self-Insured Contracts are as follows:

Employer	Employer Contract Effective Date	Employee Obligation	Group #	Send Claims to:	Claims Paid By:	Verification of Benefits	Pre-Cert. / UR	Primary & Wrap Networks
<i>Habitat for Humanity of Hall County Inc.</i>	04/01/2025	See ID Card	SMP047	Edison Health Solutions PO Box 21607 Eagan, MN 55121	Edison Health Solutions PO Box 21607 Eagan, MN 55121 Payer ID #66456	<u>Edison Health Solutions</u> <u>855-205-8360</u>	<u>CMSI</u> <u>800-861-8744</u>	HP (Primary) First Health (Wrap)
<i>Hall County BOC (Hall County, Georgia)</i>	01/01/2025	See ID Card	518B04 518C01	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088 Payer ID #56144	<u>Healthgram</u> <u>980-201-3020</u> https://providers.healthgram.com	<u>Healthgram</u> <u>980-201-3020</u>	HP (Primary) Healthgram & PHCS (Wrap)
<i>Indigo Energy Partners, LLC</i>	07/01/2022	\$40/\$60 Co-Pay	8694	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> <u>770-532-2690</u>	<u>Hines and Associates</u> <u>800-866-0105</u>	HP (Primary) First Health (Wrap)
<i>J & J Foods</i> Term-07/01/2025	07/01/2005	*Call Payor	8642	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> <u>770-532-2690</u>	<u>Hines and Associates</u> <u>800-866-0105</u>	HP (Primary) First Health (Wrap)
<i>Local Personnel, LLC</i>	12/01/2019	\$25 Co-Pay	8690	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> <u>770-532-2690</u>	<u>Hines and Associates</u> <u>800-866-0105</u>	HP (Primary) First Health (Wrap)

Revised 07-1-2025

F:\Health Partners\Hltptrs\PROVREL\Provider Handbook\Company & Contract Summary July 1, 2025.docx

www.healthpartnersnetwork.com

Company & Contract Summary

Self-Insured Contracts are as follows:

Employer	Employer Contract Effective Date	Employee Obligation	Group #	Send Claims to:	Claims Paid By:	Verification of Benefits	Pre-Cert. / UR	Primary & Wrap Networks
<i>Lumpkin County BOC</i>	07/01/2021	\$25 Co-Pay	438B1	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088 Payer ID #56144	<u>Healthgram</u> https://providers.healthgram.com	<u>Healthgram</u> 980-201-3020	HP (Primary) Healthgram & PHCS (Wrap)
<i>Mountain Lakes Medical Center</i>	01/01/2025	\$25 Co-Pay	932	Core Administrative Services, Inc. PO Box 90 Macon, GA 31202-0090 NEIC # 58231	Core Administrative Services, Inc. PO Box 90 Macon, GA 31202-0090	<u>Core Administrative Services, Inc</u> 478-741-3521 or 888-741-2673	<u>Core Administrative Services, Inc</u> 478-741-3521 or 888-741-2673	HP (Primary) PHCS (Wrap)
<i>Northeast Georgia Health System</i>	01/01/2019	See ID Card	3342065	Claims Processing PO Box 182223 Chattanooga, TN 37422-7223	NGHS PO Box 182223 Chattanooga, TN 37422-7223 Payer ID #62308	<u>Cigna</u> www.CignaforHCP.com	<u>Cigna</u> 877-852-6138 (SEE BACK OF CARD)	HP (Primary) Cigna (Wrap)
<i>Northeast Georgia Plastic Surgery Associates</i>	12/01/2020	\$40 Co-Pay	8691	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Hines and Associates</u> 800-866-0105	HP (Primary) First Health (Wrap)
<i>Original Appalachian Artworks</i>	11/01/2022	See ID Card	8695	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Hines and Associates</u> 800-866-0105	HP (Primary) First Health (Wrap)

Revised 07-1-2025

F:\Health Partners\Hltptns\PROVREL\Provider Handbook\Company & Contract Summary July 1, 2025.docx

Company & Contract Summary

Self-Insured Contracts are as follows:

Employer	Employer Contract Effective Date	Employee Obligation	Group #	Send Claims to:	Claims Paid By:	Verification of Benefits	Pre-Cert. / UR	Primary & Wrap Networks
<i>Pharma Tech Industries</i>	10/01/2022	See ID Card	00515	EBMS PO Box 21367 Billings, MT 59104	EBMS PO Box 21367 Billings, MT 59104 Payor#81039	<u>EBMS</u> <u>Member- 866-326-7574</u> <u>Provider- 406-869-5555</u>	<u>Veracity Care Solutions</u> 888-324-1747	HP (Primary) Veracity (CHOA only)
<i>Protein Products</i>	08/01/2005	\$20 Co-Pay	8544	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Hines and Associates</u> 800-866-0105	HP (Primary) First Health (Wrap)
<i>Shoreline Transfer, Inc.</i> <i>Term- 07/01/2025</i>	07/01/2023	\$40 Co-Pay	8698	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503 EDI# 40459	<u>Benefit Support</u> 770-532-2690	<u>Hines and Associates</u> 800-866-0105	HP (Primary) First Health (Wrap)
<i>Specialty Management, Inc</i>	11/01/2018	See ID Card	8687	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Hines and Associates</u> 800-866-0105	HP (Primary) First Health (Wrap)
<i>Stephens County Hospital</i>	01/01/2020	\$25 Co-Pay	925	Core Administrative Services, Inc. PO Box 90 Macon, GA 31202-0090 NEIC # 58231	Core Administrative Services, Inc. PO Box 90 Macon, GA 31202-0090	<u>Core Administrative Services, Inc</u> 478-741-3521 or 888-741-2673	<u>Core Administrative Services, Inc</u> 478-741-3521 or 888-741-2673	HP (Primary) PHCS (Wrap)

Revised 07-1-2025

F:\Health Partners\Hltptrs\PROVREL\Provider Handbook\Company & Contract Summary July 1, 2025.docx

Company & Contract Summary

Self-Insured Contracts are as follows:

Employer	Employer Contract Effective Date	Employee Obligation	Group #	Send Claims to:	Claims Paid By:	Verification of Benefits	Pre-Cert. / UR	Primary & Wrap Networks
<i>Syfan Logistics, Inc</i>	01/01/2023	See ID Card	473C	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088 Payer ID #56144	<u>Healthgram</u> https://providers.healthgram.com	<u>Healthgram</u> 980-201-3020	HP (Primary) Healthgram & PHCS (Wrap)
<i>Towns County, GA</i>	08/01/2023	\$30 CO-Pay	8684	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Valenz/ Medical Cost Management</u> 800-367-9938	HP (Primary) First Health (Wrap)
<i>The Boat Shop</i>	05/01/2025	See ID Card	SMP051	Edison Health Solutions PO Box 21607 Eagan, MN 55121	Edison Health Solutions PO Box 21607 Eagan, MN 55121 Payer ID #66456	<u>Edison Health Solutions</u> 855-205-8360	<u>CMSI</u> 800-861-8744	HP (Primary) First Health (Wrap)
<i>Union County, GA</i>	07/01/2015	\$20 Co-Pay	8567	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Hines and Associates</u> 800-866-0105	HP (Primary) First Health (Wrap)

Company & Contract Summary

Self-Insured Contracts are as follows:

Employer	Employer Contract Effective Date	Employee Obligation	Group #	Send Claims to:	Claims Paid By:	Verification of Benefits	Pre-Cert. / UR	Primary & Wrap Networks
<i>Union General Hospital, Inc</i>	04/01/2025	See ID Card	24629	Meritain Health P.O. Box 853921 Richardson, TX 75085-3921	Meritain Health P.O. Box 853921 Richardson, TX 75085-3921 EDI #41124- see ID card	<u>Meritain Health</u> 800-925-2272	<u>Medical Management</u> 888-578-1799	Union General Domestic (Tier 1) HP (Tier 2) Aetna Network Tier 3)

Company & Contract Summary

Medicare Advantage Contracts are as follows:

Network	Contract Effective Date	Employee Obligation	Group #	Send Claims to:	Claims Paid By:	Verification of Benefits	Pre-Cert./UR	Primary & Wrap Networks
<i>Aetna Medicare Advantage (HP2-VB Program only)</i>	01/01/2019	N/A	N/A	See ID Card	<i>Aetna Medicare Advantage</i>	See ID Card	See ID Card	Network Contract—Medicare Advantage
<i>Anthem BCBS Medicare Advantage (HP2)</i>	07/01/2023	N/A	N/A	See ID Card	<i>BCBS Medicare Advantage</i>	See ID Card	See ID Card	Network Contract—Medicare Advantage
<i>Cigna Medicare Advantage</i>	Varies by provider	N/A	N/A	See ID Card	Cigna Medicare Advantage/CMS	See ID Card	See ID Card	Network Contract—Medicare Advantage
<i>Humana Medicare Advantage (HP2)</i>	09/01/2021	N/A	N/A	See ID Card	<i>Humana Medicare Advantage</i>	See ID Card	See ID Card	Network Contract—Medicare Advantage

Company & Contract Summary

Medicaid Contracts are as follows:

<i>Employer/ Network</i>	Contract Effective Date	Employee/ Member Obligation	Group #	Send Claims to:	Claims Paid By:	Verification/ Customer Service #	Pre-Cert./ UR	Primary & Wrap Networks
<i>CareSource</i>	07/01/2017	See ID card	N/A	CareSource Attn: Claims Dept PO Box 803 Dayton, OH 45401	CareSource Attn: Claims Dept PO Box 803 Dayton, OH 45401 Payor ID# GACS1	See ID Card	Medical Management 855-202-1058	Network Contract- CareSource CMO

Company & Contract Summary

Fully-Insured Contracts are as follows:

<i>Employer/ Network</i>	<i>Contract Effective Date</i>	<i>Employee/ Member Obligation</i>	<i>Group #</i>	<i>Send Claims to:</i>	<i>Claims Paid By:</i>	<i>Verification/ Customer Service #</i>	<i>Pre-Cert/ UR</i>	<i>Primary & Wrap Networks</i>
Alliant Health Plans	Varies by contract	See ID card	See ID card	Alliant Health Plans PO Box 2667 Dalton, GA 30722 NEIC# 58234	Alliant Health Plans PO Box 2667 Dalton, GA 30722	Alliant Customer Service 800-811-4793	Alliant Medical Management 800-865-5922	Network Lease (no HP logo will be on the ID card)
Kaiser (PPO) (HP2)	01/01/2022	See ID Card	See ID Card	Kaiser Permanente PO Box 370010 Denver, CO 80237-9998	Kaiser Permanente PO Box 370010 Denver, CO 80237-9998 EDI# 21313	Kaiser Permanente 404-365-0966	Kaiser Medical Management 800-221-2412	Network Lease (no HP logo will be on the ID card)
Note: Health Partners' <i>other</i> contracts utilize the Health Partners Network. All the contracts use the HP Fee Schedule for reimbursement to physicians, <i>except Cigna Medicare Advantage, Aetna Medicare Advantage and Humana Medicare Advantage which reimburses at a percent of Medicare (depending on provider) and CareSource Medicaid, which reimburses at percent of Medicaid.</i> Please refer to the patient's insurance card for additional information; if patient does not have an insurance card, they should be handled as self-pay.								

*Call Payor- Call for Benefit Information