



## Quick Reference Guide

### How to contact us

<a href="http://WWW.tpacinsurance.com">WWW.tpacinsurance.com</a>  Access updated information electronically including the Physician and Health Care Provider Administrative Manual.	Electronic connectivity to check eligibility, status of a claim, and determine patient's responsibility in advance of a health care service being provided. Claim correction requests using the Claim Action Form or submitting a claim project can be electronically submitted.
<b>Customer and Provider Service</b>	Local: (614) 799-8722 (TPAC) or Toll Free: 1-888-735-8722 (TPAC)
<b>Network Management, Credentialing and Contracting</b>	Local: (614) 310-0555 or Toll Free: 1-866-929-8722
<b>Health Services for Prior Authorization and Pre-determination</b>	Local: (614) 799-8722 (TPAC) or Toll Free: 1-888-735-8722 (TPAC)
<b>Disease Management</b>	Local: (614) 799-8722 (TPAC) or Toll Free: 1-888-735-8722 (TPAC)
<b>Transplant Services</b>	Local: (614) 799-8722 (TPAC) or Toll Free: 1-888-735-8722 (TPAC)
<b>Mental Health/Substance Abuse</b>	Local: (614) 799-8722 (TPAC) or Toll Free: 1-888-735-8722 (TPAC)
<b>Sales and Service</b>	Local: (614) 310-0555 or Toll Free: 1-866-929-8722
<b>Pharmacy Services</b>	1-877-665-6609

### Services Requiring Prior Authorization

Inpatient services	All admissions including Medical, Surgical, Transplant, Rehabilitation, Skilled Nursing Facility, Mental Health, Chemical Dependency
Durable Medical Equipment	Prior authorization is required for any DME greater than \$750. Claims for rental fees should not exceed the allowed purchase price. CPAP and BiPAP machines require prior authorization. Prosthetics requires prior authorization.
Home Care	Home health nursing, IV infusion, hospice, social work, home health physical, occupational, and speech therapy.

Notification is encouraged as soon as a pregnancy is confirmed. Certification is required for Hospital stays exceeding 48 hours after a vaginal delivery or 96 hours after a cesarean. Please contact 614) 799-8722 (TPAC) or 1-888-735-8722 (TPAC).



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### Services Requiring Predetermination

Clinical Trials  
Blepharoplasty  
Breast reduction or augmentation  
Hyperbaric Oxygen  
Removal of Port Wine Stains, Hemangiomas  
Otoplasty  
Rhinoplasty  
Varicose Vein Surgery  
Varicose veins ligation and sclerotherapy  
Speech Therapy (Please note Speech Evaluations do not require Pre-determination)  
UPPP  
TMJ and jaw surgery  
ESWT of any extremity

### Claims Process

To ensure accurate claims payment, please submit a complete HCFA 1500 or UB 04/UB 92 Form. Claims should be submitted to the following address:

The Physicians Assurance Corp.  
PO Box 7186  
Dublin, Ohio 43017

Payor ID: 31074 and CX030

### Claim Adjustments

Please contact Provider Services to request an adjustment if a claim was processed incorrectly. You can also submit your request using the PROVIDER CLAIM ACTION FORM. If a claim has been processed incorrectly resulting in an overpayment, please issue payment within 30 days based upon when the overpayment was identified.

The Physicians Assurance Corp. can also offset overpayments against future claims payment.

### Claim Appeals

If you are not in agreement with a claim determination based upon payment, please send a request using the PROVIDER CLAIM ACTION FORM requesting an appeal. Please define specifically what changes are being requested. Claim Action Forms and claim projects can be submitted electronically @ [www.tpacinsurance.com](http://www.tpacinsurance.com).

### Demographic Changes

Please provide notice of any change in taxpayer identification number, the hiring of new Practitioners, the termination of Practitioners, change in remittance address, and change in demographic and contact information at least thirty (30) days prior to the occurrence of such change. Notice should be submitted to TPAC at the following address:

The Physicians Assurance Corp.  
Attn: Network Management  
300 West Wilson Bridge Road  
Suite 250  
Worthington, Ohio 43085  
Phone: (614) 310-0555  
Toll Free: 1-866-929-8722  
Fax: (614) 310-0550



The Physicians' ASSURANCE Corporation

"From those you trust with your health."

### Quick Reference Guide

### Sample Copy of TPAC's ID Card

FRONT

<b>PRESCRIPTION AND MEDICAL PROGRAM</b>					
W0000001	RxBIN	603286	<b>TERMS AND CONDITIONS</b> This card is non-transferable and is for identification purposes only. It is not a guarantee of coverage. The terms of the agreement between Walgreens Health Initiatives and the insuring organization govern all prescription benefits obtained through use of this card, which is the sole property of Walgreens Health Initiatives. Any fraudulent or unauthorized use of this card is strictly prohibited by law. When your eligibility terminates, this card is void. Will Customer Care Center - 24 hours a day, 7 days a week at 1-800-297-2266, TTY: 1-800-411-0797, www.nyuh.com		
	RxPCN	01410000			
	RxGrp	526462			
	Issuer (80840)				
	ID	111111111			
Name	<b>JOHN Q SAMPLE</b>				
MARY	LAURA	TOM			
JERRY	ANTHONY	ANGELA			

BACK

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<b>Mail Claims to:</b> TPAC, c/o EBMC, P.O. Box 7186, Dublin, OH 43017 <b>EDI Payor ID:</b> 31074; CX030	
<b>In Network Copay / Deductible</b> Primary Care: \$15 Specialist: \$15 ER / Urgent Care: \$150 / \$50 Deductible Ind/Fam: \$0 / \$0	
<b>To Verify if Provider is in Network:</b> <a href="http://www.tpacinsurance.com">www.tpacinsurance.com</a> or 888-735-8722	
For a PHCS Healthy Directions provider: <a href="http://www.multiplan.com">www.multiplan.com</a> ; 800-678-7427	

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