

# MEDCOST ID CARD ADMINISTRATIVE REQUIREMENTS

MedCost is pleased you are adding new business with us. *The following requirements are necessary for all new business.*  
*\*Please note that an approved copy of your clients' ID Card must be on file before we will begin repricing claims.*

## 1. MedCost Preferred ID Card Requirements

- Employer/Group Name
- Policy/Plan Number
- MedCost Preferred logo on front
- MedCost claims routing address
- Routing address for NON-PPO claims  
**NOTE:** Both Claim routing addresses should be on the same side of the card; preferably side by side.
- Eligibility phone number
- Utilization review information
- Primary Care Physician and Specialist office visit copay  
**-OR-** In-network benefit level for covered office services
- MedCost EDI #: 56162

Employer Name	<b>MedCost</b> <small>PREFERRED</small>
Policy/Plan #:	_____
Insured Name:	_____
SS#:	_____
Type Coverage:	_____
Claims Administrator:	_____
Benefits for in-network phys. office services: \$250 annual ded., then 80%	Office Visit Copay: PCP=\$15, Specialist=\$20

INSTRUCTIONS FOR FILING CLAIMS:	
MedCost Preferred providers mail claims to: MedCost P.O. Box 25307 Winston-Salem, NC 27114-5307	All other claims should be mailed to: Sample Payer Name P.O. Box 000 City, ST Zip
MedCost EDI #: 56162	
Call (800) XXX-XXXX for benefits or eligibility	
HOSPITAL ADMISSIONS	
1-800-722-2157	
All hospital admissions must be reported to MedReview. Emergency admissions must be reported within 48 hours. Failure to notify MedReview of hospital admissions may result in reduced benefits.	

## OPTIONAL ITEMS:

- ❖ Name of Insured
- ❖ Social Security Number or Unique Identifier
- ❖ Type of coverage (employee only, family, etc.)
- ❖ Network vs. Non-network benefits
- ❖ Dental claims routing address