MEDCOST®

ID Card Checklist

MedCost ID Card Requirements:

☐ Employer/Group Name

☐ Policy/Plan Number

☐ MedCost Logo (should appear on front of card)

☐ MedCost Claims Routing Address – **PO Box 25307, Winston-Salem, NC 27114-5307**

☐ MedCost EDI – **56162**

☐ Routing Address for Non-PPO Claims

　***Both claims routing addresses should be on the same side of the card; preferably side-by-side. If Non-PPO claims also come to MedCost, a preprocessing fee will apply.**

☐ Eligibility Phone Number

☐ Utilization Review Information

☐ **Have ID cards been updated for OP review changes?**

　　Sample Comprehensive Verbiage: *"Pre-certification is required for hospital admission and all elective outpatient surgeries performed outside the physicians' office, MRI, CT Scan, PET Scan, and Varicose Vein treatment."*

　　Sample Diagnostic Verbiage: *"Precertification is required for the following diagnostic procedures performed on an outpatient basis or in the physicians' office: MRI, CT Scan, or PET Scan."*

Benefit Information:

☐ PCP and Specialist Office Visit Copay **OR**

☐ In-Network Benefit Levels for Covered Services **OR**

☐ Specific Instructions for Contacting Payer for Benefits Information

Optional Items:

☐ Name of Insured

☐ Unique Identifier

☐ Type of Coverage (employee only, family, etc.)

☐ Network vs. Non-Network Benefits

☐ Dental Claims Routing Address