



Unified Claims, Eligibility and
Benefits Inquiry: 800.291.5837
www.UnifiedGrp.com



Member

Plan: IDOH - ADAP/EIP
Group #: 52255
Client: Sample Employee
Member ID: 522550007100

Medical Plan



www.encoreconnect.com

888.446.5844

Pharmacy Plan

RXBIN: 900020
RXPCN: CLAIMNE
RXGRP: 52255



www.procarerx.com
Pharmacy: 800.213.5640

1061-X.X 0862 52255-52255- M(Encore)D(VI)

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IDOH Medical Services Program

ADAP - If you utilize an out-of-network pharmacy and need to file a claim for reimbursement, please send your Client ID number and pharmacy receipt (must include Client's Name, Name of Drug Being Dispensed, NDC Number, Date of Service and Charge Amount) to Unified Group Services, PO Box 10, Pendleton, IN 46064-0010. For questions regarding ADAP coverage, please call 800.291.5837.

EIP - Send original claims to: Encore Health Network, 8520 Allison Pointe Blvd., Suite 200, Indianapolis, IN 46250-4299

For eligibility verification online, visit www.UnifiedGrp.com.

Medical Claims Submission

EDI: 35206

Mail: Encore Health Network
8520 Allison Pointe Blvd., Suite 200
Indianapolis, IN 46250-4299

