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MeridianRx 2017 Payer Sheet v1 (Revised 6/15/2017) NCPDP Version D.0 Claims Billing Template Request Claim Billing Payer Sheet Template **Start of Request Claim Billing (B1) Payer Sheet Template** General Information Payer Name: MeridianRx BIN: 610241 Date: January 1, 2017 Plan Name/Group Name PCN Refer to Member ID Card HPMMCD (Medicaid)

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SentinelRx 2017 Payer Sheet (Revised 5/2017) BIN Information Payer/Processor Name BIN Number Effective as of NCPDP Version SentinelRx 018803 1/1/2017 D.0 PCN List for BIN 018803 SentinelRx PCN Plan/Group Group ID Line of Business Description RXMCDP Refer to member ID card Refer to member ID card Medicaid Refer to member ID card for

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2017 Payer Sheet NCPDP Version D.0 For all MEDICARE serviced plans Version 1.0 for 2017 Release Date: April 3, 2017 Effective Date: January 1, 2017

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NCPDP Version D.0 Payer Sheet. Payer Name: EpiphanyRx Date: 9/21/2020 Plan Name/Group Name: ALL PLANS BIN: 020040 PCN: *N/A. *FOR COMMUNITY HEALTH NETWORK ONLY USE PCN: AE7271. Plan Name/Group Name: ALL TEST CLAIMS BIN: 020040 PCN: N/A.

~~NCPDP Version D.0 Payer Sheet~~

©National Council for Prescription Drug Programs, Inc. 2010 NCPDP WYOMING MEDICAID NCPDP VERSION D.0 PAYER SHEET REQUEST CLAIM BILLING/CLAIM REBILL ** Start of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet ** GENERAL INFORMATION Payer Name: Wyoming Department of Health Date: July 12, 2017

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~~NCPDP PAYER SHEET TEMPLATE - Customer Support~~

Other versions supported: NCPDP 5.1 Telecommunication Standard supported until 1/1/2012. Refer to version 5.1 payer sheet. OTHER TRANSACTIONS SUPPORTED Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction. Transaction Code Transaction Name

~~NCPDP PAYER SHEET TEMPLATE - OptumRx~~

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NCPDP Data Dictionary Version Date: April 2017 NCPDP External Code List Version Date: April 2017 Provider Relations Help Desk Info: 1-800-365-4944 . OTHER TRANSACTIONS SUPPORTED . Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction. Transaction Code Transaction Name

~~NCPDP PAYER SHEET - Montana~~

2 v.2. 01/19/2017 1. NCPDP VERSION D CLAIM BILLING 1.1 REQUEST CLAIM BILLING GENERAL INFORMATION Payer Name: Ramsell Corporation Date: January 2016 Plan Name/Group Name: SEE APPENDIX BIN: SEE APPENDIX PCN: SEE APPENDIX Processor: OptumRx Effective as of: July 23, 2015 NCPDP Telecommunication Standard Version/Release #: D.0 NCPDP Data Dictionary Version Date: October 2012 NCPDP External Code ...

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1.0 1/1/2017 Payer Sheet for 2017 ... MeridianRx 2020 Payer Sheet v1 (Revised 9/1/2020) NCPDP Version D.0 Claims Billing Template Request Claim Billing Payer Sheet Template Start of Request Claim Billing (B1) Payer Sheet General Information Payer Name: MeridianRx BIN: 610241 Date: January 1, 2020

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Effective as of: April 1, 2017 NCPDP Telecommunication Standard Version/Release #: D.0 NCPDP Data Dictionary Version Date: July 2007 NCPDP External Code List Version Date: October 2011 Contact/Information Source: 1-877-463-7671, 1-515-256-4608 (local)

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2019 Payer Sheet NCPDP Version D.0 Version 3.0 for 2019 Effective Date: ... 1.0 1/1/2017 Payer Sheet for 2017 2.0 1/1/2018 Payer Sheet for 2018 3.0 1/1/2019 Payer Sheet for 2019 . 5 MeridianRx 2019 Payer Sheet v1 (Revised 1/1/2019) NCPDP Version D.0 Claims Billing Template Request Claim

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Billing Payer Sheet Template ...

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NCPDP Payer Sheet Department of Health Care Services (DHCS) Fiscal Intermediary (FI) Version 5.4 May 2019 2 CLAIM BILLING TRANSACTION
The following lists the segments and fields in a Request Claim Billing Transaction for NCPDP Telecommunication Standard Implementation Guide
Version D.Ø.

~~DEPARTMENT OF HEALTH CARE SERVICES Medi-Cal~~

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