



ActivHealthCare Newsletter

Network News

September 2010

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www.ActivHealthCare.com

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Eliminate Network Frustrations

Did you know we offer online training sessions for multiple topics, including EDI and CA claims training, on our website, www.ActivHealthCare.com. To register, [click here](#).

Activ will also be hosting a CA luncheon and training session at the GCA Fall Conference in Atlanta, GA in October. We are offering rebates of up to \$300 per office for GCA conference registration. More details on the rebate are in the most recent GCA e-mail newsletter and are posted on the ActivHealthCare website.

Even if your CA cannot attend the GCA CA training, we encourage your CA to attend the Activ CA lunch and learn session.

Please call our office at 770-455-0040 if you have any questions.

Treatment Plan Forms - New and Improved

The *new* chiropractic Treatment Plan Form (TPF) became available on August 1, 2010. It is important to fill out all the information requested on the TPFs. If a form is submitted to AHC partially or incorrectly filled out, processing will be delayed while the missing information is acquired. This may necessitate TPFs to be returned for completion, delaying the processing even longer.

The new Treatment Plan Form can be found on our website, www.ActivHealthCare.com under *Forms*. Please fax the completed TPF to 678-990-0025.

Additionally, please be aware that the last two digits on the patient's ID number is called the suffix. The suffix determines whether the patient is the insured or a dependent and if the dependent is a spouse or a child. The suffix needs to be included on the Treatment Plan Form.

If you have any questions regarding TPF's, please do not hesitate to contact our office. We will be happy to assist you.

Claims: What You Need To Know

- On the CMS-1500 form, it is helpful to complete **Box 32** as well as **Box 33**.
- Complete **Box 1a** with the **Insured's ID number** as it appears on the insurance card (the Insured is not necessarily the patient).
- If you need to re-submit a claim for re-processing for any reason, please include a **letter** explaining the reasons for re-processing. If the claim was originally submitted out-of-network directly with the insurance company, the cover letter should include this information. Otherwise, the insurance company will deny the claim.
- We cannot accept **faxed claims** since copy quality and formatting may be compromised. In addition, we are not equipped to handle the fax volume that would be generated with faxed claims.
- **Box 31** must contain the rendering provider's name and date as shown in the example to the right. Please do not use "signature on file" in box 31.

25. FEDERAL TAX I.D. NUMBER	SSN EIN <input type="checkbox"/> <input type="checkbox"/>	26. PAT
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SER
John Smith, DC 1/1/10		
SIGNED	DATE	a.

Signature Required Mail

If you are sending an envelope or parcel that requires a signature, please mail it to our street address instead of the post office box:

1926 Northlake Parkway, Suite 100
Tucker, GA 30084

Thank you for your cooperation in this matter.

Claims for these networks should be sent directly to ActivHealthCare.

Submit electronically through Office Ally using the prefix AHCØ1 or mail claims to:
PO Box 1368
Lilburn, GA 30048

*The network affiliates have been recently updated.
Please click [HERE](#) for a complete listing.*



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