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MeridianRx 2017 Payer Sheet v1
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D.0 Claims Billing Template Request

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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

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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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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.

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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

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INFORMATION Payer Name: Wyoming
Department of Health Date: July 12,
2017

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Customer Support

Other versions supported: NCPDP 5.1
Telecommunication Standard

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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

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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

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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

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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

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Dictionary Version Date: October 2012
2 NCPDP External Code ...

~~NCPDP Telecommunication standard
d.0 payer sheet~~

1.0 1/1/2017 Payer Sheet for 2017 ...

MeridianRx 2020 Payer Sheet v1

(Revised 9/1/2020) NCPDP Version

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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

~~2020 Payer Sheet NCPDP Version D-~~

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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:

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1-877-463-7671, 1-515-256-4608
(local)

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Version 3.0 for 2019 Effective Date: ...
1.0 1/1/2017 Payer Sheet for 2017 2.0

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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

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Implementation Guide Version D.Ø.

~~DEPARTMENT OF HEALTH CARE
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