

# Zing Health Providers' Quick Reference Guide





## Important Contact Information

Department	Phone Number	Fax	Email
Customer Service	1-866-946-4458 (TTY: 711) Mon.-Fri., 8 a.m.-5 p.m.	1-312-239-8304	member.services@myzinghealth.com
Pharmacy (Elixir Crafted Rx Solutions)	1-866-946-4458		
Behavioral Health	1-833-946-4458	1-844-946-4458	prior_auth@myzinghealth.com
Prior Authorization	1-833-946-4458	1-844-946-4458	prior_auth@myzinghealth.com
Appeals	1-866-946-4458	1-844-917-4458	appeals@myzinghealth.com



Visit us on the web at [myzinghealth.com](http://myzinghealth.com).

## Vendor Contact Information

Vendor	Phone Number
Liberty Dental (dental benefits)	1-866-946-4458
EyeMed (vision benefits)	1-866-946-4458
NationsHearing (hearing benefits)	1-877-391-8637
American Specialty Health (ASH) Silver&Fit (fitness benefits)	1-877-427-4788
Elixir (pharmacy benefits)	1-855-476-6993
NationsOTC (over-the-counter benefits)	1-866-946-4458
MD Live (telehealth benefits)	1-800-657-6169
24/7 nurse advice line	1-855-494-6877

## Sample Medical ID Card (varies by plan)

Contract: H7330  
PBP: 001

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**Zing Choice IL (HMO)**  
A Medicare Health Plan with Prescription Drug Coverage

Member: **First & Last Name**  
Member ID#: **Z0000000XX**  
Effective Date: **9/19/2022**  
PCP: **Last name, First Name**  
PCP Phone: **1-XXX-XXX-XXXX**

RxBIN: 012312  
RxPCN: PARTD  
RxGRP: ELZING001  
RxID:

**Customer Service:**  
Members, Providers, Dental,  
Vision and Hearing  
1-866-946-4458 TTY/TDD: 711

**Pharmacy Providers**  
Help Desk: 1-855-476-6993

**24/7 Nurse Hotline**  
1-855-494-6877

**MD Live (TeleHealth)**  
1-855-494-6877

**Payer ID Number:** 83248

**Medical Paper Claims**  
Zing Health  
PO Box 981718  
El Paso, TX 79998-1718

[www.myzinghealth.com](http://www.myzinghealth.com)

Copays: PCP: \$0 Spec: \$25 Emergency Room: \$125  
If Member has full Medicaid, no balance billing



## Claims

**Timely filing notice:** Timely filing is 365 days from the date of service or the date of discharge unless otherwise specified in the provider agreement.

### EDI Trading Partner - Availity

Check eligibility, submit claims, and check claims status

**Payor:** Zing Health

**Payor ID:** 83248

1-800-AVAILITY

**Clearinghouse Connectivity:** Zing Health has partnered with Availity as its preferred EDI clearinghouse. You may connect directly with Availity. In some cases, your existing clearinghouse, billing service, or trading partner may have existing reciprocal agreements with Availity.

### Medical and Behavioral Health Claims



#### Paper Submissions

Zing Health  
P.O. Box 240599  
Apple Valley, MI 55124



#### Electronic Submissions

EDI Trading Partner - Availity  
[availity.com/edclearinghouse](https://www.availity.com/edclearinghouse)

### Submitting Corrected Claims



#### Paper Submissions

Attn: Claims

Zing Health  
P.O. Box 240599  
Apple Valley, MI 55124

Timeframe: Corrected claims should be submitted within 60 days from the date of the Explanation of Payment (EOP).



#### Claim Payment Disputes

Attn: Claim Payment Dispute

Zing Health

Fax: 1-844-918-4458

Email: [provider.services@myzinghealth.com](mailto:provider.services@myzinghealth.com)

Timeframe: Provider claim disputes should be submitted within 60 days from the date of the Explanation of Payment (EOP).

## Prior Authorization

A list of tests, procedures, and services requiring prior authorization is available on our website here: [Authorization Request Form Provider Instructions and Form.pdf \(myzinghealth.com\)](#).

