



IMPORTANT UPDATE EFFECTIVE JANUARY 1, 2023

Provider Services Call Center	866-266-6010 (Option 6)
Authorization Request Fax Number	888-979-8124
Claims Clearinghouse	Change Healthcare**
**PLEASE SEE IMPORTANT INFORMATION BELOW ABOUT ELECTRONIC SUBMISSION	
Claims Address (paper claims)	P.O. Box 981604 El Paso, TX 79998-1604

If you have a direct relationship with Change Healthcare and utilize the Change platform: Claims DOS through 12/31/2022 Payor ID 83247 DOS after 12/31/2022 Payor ID RP088
If you have a direct relationship with Change Healthcare and utilize Relay Health platform: Claims DOS through 12/31/2022 Payor ID 83247 PROF 8755 INST 4026 Claims DOS after 12/31/2022 Payor ID 83247 PROF 9731 INST 8013
If you are submitting through another Clearinghouse that has a relationship with Change: All Claims Payor ID 83247 (for any problems with submission to 83247, please contact your clearinghouse)

If you experience any problems with submission of claims electronically, please contact the Change HealthCare Help Desk at 866-371-9066 or visit support.changehealthcare.com/customer-support-portals.

For additional information please see our website:

www.dignityhealthplan.com

**or call the Provider Services Call Center at
866-266-6010 (Option 6), TTY/TDD: 833-312-0046**

DIGNITY HEALTH PLAN

TOLL-FREE 1-866-266-6010 (TTY/TDD: 1-833-312-0046)

ISSUER ID: H8492-001 RxBIN: 012312
MEMBER ID: 068376517 RxPCN: PartD
MEMBER: DIGNITY HEALTH_24 RxGRP: H8492001

CMS H8492 001

ENROLLEE INFORMATION

Member Services: 1-866-266-6010 (TTY/TDD: 1-833-312-0046)
October 1 through March 31: 8:00 am to 8:00 pm, 7 days a week
April 1 through September 30 8:00 am to 8:00 pm, Monday to Friday

IMPORTANT PROVIDER INFORMATION
www.dignityhealthplan.com

Provider Services: 1-866-266-6010 Pharmacists: 1-833-661-1989
Contracted and non-contracted providers may send claims to:

Medical: Dignity Health Plan P.O. Box 981604 El Paso, TX 79998-1604 EDI# 83247	Pharmacy: Elixir 8935 Darrow Rd., P.O. Box 1208 Twinsburg, OH 44087
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