Health Insurance ID Card

aetna™

Group #: 863957-18-100

Aetna PPO/NAP

MEMBERS: SEE BACK OF CARD FOR ADDITIONAL INFORMATION

Member Name	
Aetna PPO Member ID #	[[id_card_id]]
Plan Name	Aetna Passport to Healthcare Primary PPO
Effective Dates	-
dhig ID # (dhig use only)	

Deductible: $ per injury or sickness ***ER Copay:*** $ (waived if admitted)

Aetna Network Provider Services: (800) 414-0596 **Payer ID:** 60054

Provider Claims Mailing Address: Aetna
P.O. Box 981543
El Paso, TX 79998-1543

AETNA NETWORK PROVIDERS: For questions about benefits or eligibility, call One Team Health (OTH) at **(844) 805-9444**. Coverage for medical treatment subject to patient's eligibility on the date of service, terms, limitations and exclusions of the policy. File claims electronically to Payer ID above, or mail claims to address indicated above.

Pre-Authorization required for Inpatient Hospitalization, Outpatient Surgery, CT/ MRI/PET scans, Physical Therapy & Rehabilitation Services, Specialty Treatment and Highly Specialized Drugs. Call OTH at (844) 805-9444 or send an email to: oneteamhealth@dhig.net prior to obtaining treatment.

NOTICE: Possession of this card does not guarantee coverage or payment for a service or procedure

INFORMATION FOR MEMBERS

Please find all important Insurance Information online at: eSecutive.com/MyInsurance
Please call the Claims Administrator, OTH, prior to receiving any medical services, unless you are having a life-threatening emergency.

Claims Administrator:	One Team Health (OTH) oneteamhealth@dhig.net	(844) 805-9444
PPO Network:	Aetna Passport to Healthcare Primary PPO https://aet.na/2wx9Enx	(844) 805-9444
Coverage While Traveling/ Emergency After-Hours Care:	One Team Health (OTH)	(844) 805-9444 Collect 905-907-0074
Claims Mailing Address (for non-Aetna, outsite U.S. or prescription claims):	One Team Health (OTH) PMB 309-266 Elmwood Ave. Buffalo, NY, 14222	(844) 805-9444
Submit Claims Via Email:	othclaims@dhig.net	
Prescriptions:	Paid at 100% of reasonable charges; however, you must pay for prescriptions in full, then submit a claim for reimbursement to the address above.	

Claims Administrator:
One Team Health (OTH)

ONE TEAM HEALTH

Managing General Underwriter:
Daily Health Insurance Group

daily health insurance group

One Team Health (OTH) must be contacted prior to seeking medical services unless you are having a life-threatening emergency. You must contact OTH within 48 hours of such as emergency. Failure to do so may result in a reduction in benefits.

Medical Provider guidelines for filing claims with Aetna Passport PPO

Dear Aetna Passport PPO Network Provider,
Here are the following steps to check enrollment eligibility and claim submission:

- Please search the member by the exact name spelling on their ID card.
- Please submit the claims via EDI to Aetna Passport to Healthcare PPO provider, if needed there is a mail option identified below:

Member ID:	**As provided on ID card**
Group number:	**863957-18-100**
Claims address:	**P.O. Box 981543 El Paso, TX 79998-1543**
Payor ID:	**60054**
Aetna Network Provider Services:	**800-414-0596**

***IMPORTANT:** Medical providers name the applicable Aetna PPO to be used in their systems - it is not consistent across providers. As you search your system, the following are the likely naming conventions, "Aetna International PPO", "Aetna Global PPO," or "Aetna Global Patient Services PPO"

Submit Claim to Aetna PPO/NAP via Mail : **P.O. Box 981543, El Paso, TX 79998-1543**
PLEASE NOTE: If you do not have the above Aetna Address in your system, please mail the claim under **"Commercial PPO"** and request **"Aetna International PPO"** to be added to your system.
Submit Claim to Aetna PPO/NAP via EDI : **Payor ID/EDI:60054**
Thank you for your assistance

Insured Member Guidelines for using your health insurance policy

Please download and print or save on your mobile:

SCAN ME

Or click here to open the pdf