



Dear Provider,

Important notification regarding your claims submission to Kalos Health:

To expedite claim delivery to Kalos Health as well as the review, adjudication and payment processes, we encourage you to submit claims electronically. Electronic claims should be routed to the following:

Clearinghouse:	CHANGE HEALTHCARE
Payer Name:	Kalos Health
Payer ID:	40137
Authorization #:	Provided on Authorization from Kalos Health
Participant Account #:	Provided on Authorization from Kalos Health

If electronic claims are not an option for your organization, please continue to route any paper claims to:

Kalos Health
2424 Niagara Falls Blvd.
Niagara Falls, NY 14304
Attn: Claims

For questions regarding the status or payment of a claim for services rendered and/or for authorization or medical management issues regarding our members contact: 1-800-894-2464

Sincerely,

Kalos Health Claims Department