



Submitting Healthcare Medical Claims

For Professional (837p) and Institutional (837i) claims

- Electronic Claim Submission (Primary Claims Only)
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
- Secure/Encrypted Email Claim Submission (Primary & Secondary Claims)
Email address: claims@kaloshealth.org
- Secure Fax Claim Submission (Primary & Secondary Claims)
Fax Cover Sheet Required
Fax Number: 716-216-8462
- Mail to **2424 Niagara Falls Blvd, Niagara Falls, NY 14304** (Primary & Secondary Claims)

For Dental (837d and ADA)

- Electronic Claim Submission
Payer Name: Liberty Dental Plan
Payer ID: CX083
- Mail to **Liberty Dental Plan, Attn: Claims, PO BOX 15149, Tampa, FL 33684-5149**

Paper Claim Acceptable Forms for Submittal:

- CMS 1500
- UB-04 Form
- ADA Form

835/ERA Claim Payment/Advice

Kalos Health MLTC uses Change Healthcare to receive claims and remit 835/ERA Payment/Advice. If you use a different clearinghouse, you will need to verify with your clearinghouse to establish a forwarding agreement to receive ERA with Change Healthcare. Then you will need verify that Kalos Health is listed as a payer or have the plan added.

Payer Name: Kalos Health
Payer ID: 40137

EFT/ACH/Virtual Credit Card Payment

We are pleased to announce that we have partnered with Nvoicepay and implemented a corporate initiative to pay all providers/vendors electronically. Please complete and submit the enrollment information from the hyperlink below. You will receive confirmation of enrollment. There is no cost to you, and it only takes a few minutes to enroll.

You do not have to sign up, however, if you opt out, future payments will be paid via paper check.

Some enhancements that we are proud to share by switching to Nvoicepay are:

- Faster payments (1-3 days from payment notification)
- Up to 4 contacts for email notifications
- Provider portal to change/update banking info and notification settings

To enroll online, go to the Electronic Enrollment URL: <https://vendors.nvoicepay.com/enroll/KalosHealth>

If you have questions in regards to signing up, please contact NVOICEPAY directly at 877-626-6332.

For any further questions, please call 716-304-1212 and ask for the Kalos Health MLTC Claims Department or email claims@kaloshealth.org.