



## Submitting Healthcare Medical Claims

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

- Electronic Claim Submission (Primary Claims Only)  
**Clearinghouse: SMART DATA SOLUTIONS (SDS)**  
**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](mailto: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 SMART DATA SOLUTIONS (SDS). 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](mailto:claims@kaloshealth.org).