

Health Plan/Payer List Availity Clearinghouse and Web Portal

Updated 10/07/2014

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Navigating the EDI Clearinghouse Health Plan Partners Section

Claim Enrollment Required:

- Denotes payers that require enrollment for EDI claims submission (837P/I).
- See EDI Requirements for enrollment details.

Government Payer:

- Denotes Government payers.
- May not be a direct connection to the government entity.

Remit (835):

- Electronic remittance advice sent by payers to communicate adjudication results and payment information for submitted claims.
- Receiving remits generally requires additional enrollment. Please enroll with Availity first.
- Please see the Electronic Remittance Advice (ERA) Health Plan Partners section of the list for registration details.

NPI Option:

- The NPI is a unique identification number for covered health care providers.
- Availity is making every effort to confirm and communicate the status of our connected payers.
- For a detailed explanation of our NPI options please see <u>page 4</u> of this document.

(EDI) Electronic Data Interchange:

- Customers create batch transactions in their own practice management system (PMS) or hospital information system (HIS) and upload them to Availity.
- This functionality can be transparent to the end user if their system vendor offers a seamless solution.
- Availity also offers end users the ability to log onto the portal to upload batches directly.
- A list of vendor partners is available on the Availity web site.

(B2B) Business to Business:

- Customers submit transactions in real-time or near real-time using their own practice management system (PMS) or hospital information system (HIS), often using the vendor's user interface.
- A list of vendors that support this level of integration is available on the Availity web site.
- Please see Availity's B2B specification document for additional information.

Premium (\$):

The "\$" in the Premium column indicates that the payer requires enrollment in Availity Advanced Clearinghouse if the provider is based in Texas. Please click the link for more information: https://support.availity.com/attachments/token/awhf9mqcevwphcu/?name=AAC+Provider+FAQ+-+TX.pdf

Availity's NPI Options

Option 1	Legacy ID Required	 NPI allowed Legacy identifier required
Option 2	Dual ID	Allows all of the following scenarios: NPI only Legacy identifier only NPI and Legacy identifiers
Option 3	NPI per Mandate	 NPI required as Primary Identifier. Tax ID required as a secondary identifier on claims in 2010AA or 2010AB. Only specific non-Legacy qualifiers allowed as secondary identifiers in certain provider loops.
Option 4	NPI per Mandate. Legacy ID also allowed.	 4 = Option 3 plus: Any other secondary identifiers as allowed in the Implementation Guide will also be accepted. 4* = Option 3 plus: Tax IDs (EI, SY, TJ) as allowed in the Implementation Guide will also be accepted as secondary identifiers. 4* = Option 3 plus: Location Numbers (LU) as allowed in the Implementation Guide will also be accepted as secondary identifiers.

^{*}A legacy identifier is any identifier that payers used to identify a provider as a health care provider before the NPI mandate. Legacy identifiers include OSCAR, NSC, PINs, UPINs, Blue Cross provider numbers, and other payer-designated identifiers.

⁽⁺⁾ Indicates the payer has requested a front-end taxonomy code edit.

Availity's Ele	etronic Data	Interchange (EDI) Health Blan Partners										
Availity S Ele	ectronic Data	Interchange (EDI) Health Plan Partners										
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	l Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
			Govern	Claim E	Re	Ā			(=: 3)	(=: 5)	(2.3)	
	13162 93044	1199 NATIONAL BENEFIT FUND A & I BENEFIT PLAN ADMINISTRATORS				2	X X	X X				
	48185	ABC HEALTH PLAN				2	X	X				
	68069	ABSOLUTE TOTAL CARE			Х	3	х	х				payer ID 68055 may also be used
	AHS01	ACCESS ADMINISTRATOR				3	X	х				
	64071 37118	ACCLAIM ACMG				2	X X	X X				
	87815	ACORDIA NATIONAL				3	X	x				
	72467	ACS CONSULTING SERVICES, INC				2	X					
	38254	ACTIVA BENEFIT SERVICES, LLC ACTIVE CARE (UCS)				2	X X	X				
	75678 22384	ADMINISTRATIVE CONCEPTS, INC				2	X	X X				
	59141	ADMINISTRATIVE SERVICES				2	х	х				
	38265	ADMINISTRATIVE SYSTEMS RESEARCH CORPORATION - ASR				2	X	X	1			
 	37278 58202	ADMINONE ADVANCED DATA SOLUTIONS, INC				2	X X	X X	1			
	51909	ADVANCED PHYSICIAN ASSN. (CHICAGO)				2	X	X				
	35209	ADVANTAGE HEALTH SOLUTION				2	X	х				
	77070	ADVANTAGE PREFERRED PLUS				2	X	X				
	59374 25133	ADVANTICA ADVANTRA/HLTH AMERICA INC				2	X X	X X				
	95340	ADVENTIST HEALTH SYSTEM WEST - ROSEVILLE, CA				2	X	x				
	65093	ADVOCATE HEALTH PARTNERS			х	4	х	х				
	36320 65093	ADVOCATE MEDICAL GROUP ADVOCATE PHYSICIAN PARTNERS			X X	4	X X	X X				formerly Advocate Health Centers
	00000	ABVOORTETTTOIOIRITTAKTILENO			^		^	^				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse
\$	26337	AETNA - ILLINOIS MEDICAID				2	х	х				enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
\$	60054	AETNA AFFORDABLE HEALTH CHOICES (SM) - SRC				2	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse
\$	23225	AETNA BETTER HEALTH CONNECTICUT MEDICAID				2	x	x				EDI Submittels focaled in the IL, NW, OK, OK, TA, and WA regions require Advanced Gealinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	50023	AETNA BETTER HEALTH OF OHIO				2	X	х				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse
\$	60054	AETNA INSURANCE COMPANY			х	2	x	x				enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
\$	38692	AETNA TX MEDICAID & CHIP	x			2	х	х				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availify.com for further details.
	13334	AFFINITY HEALTH PLAN				2	x	x				When submitting to this payer ID please ensure the following: The claim is for a Medicaid, Child Health Plus, or Family Health Plus member and the subscriber ID is as printed on Member's ID Card
1	13346 64158	AFTRA HEALTH FUND AGENCY SERVICES, INC.				2	X	X	1			
	95327	ALAMEDA ALLIANCE FOR HEALTH		х		4	X X	X				Please contact Anet Quiambao at 510.747.6153 to join Alameda Alliance's EDI network
	91136	ALASKA CHILDREN'S SERVICES, INC.				2	х	х				
	92600 91136	ALASKA ELECTRICAL HEALTH & WELFARE FUND ALASKA LABORERS CONSTRUCTION INDUSTRY TRUST				2	X X	X X				
	91136	ALASKA PIPE TRADERS LOCAL 375				2	X	X				
	91136	ALASKA UNITED FOOD & COMMERCIAL WORKERS HEALTH & WELFARE				2	×	x				
	13550	TRUST ALICARE				2	×	×				
	PRINT	ALL HEALTH PLAN PRINT (PRINT TO PAPER)		x		2	x	x				To enroll for All Health Plan Print (Print To Paper), please complete and submit the APP Submitter Information and Enrollment Packet. Please note that claims cannot be converted to paper for payers with the state code of SC or MN.
												APP Submitter Information and Enrollment Packet
+	MRIPA 81040	ALLCARE HEALTH PLAN ALLEGIANCE BENEFIT PLAN			Х	3	X X	X X				Effective 8/1/2012, formerly known as Mid Rogue Oregon Health Plan
	ADSL1	ALLIANCE - ALPHA CARE GOLD				2	X	X				
	88461	ALLIANCE HEALTHPLANS OF WISCONSIN				2	Х	x				
	52149 58234	ALLIANCE PPO, INC. ALLIANT HEALTH PLANS (GEORGIA)	 			2	X		-			
	94177	ALLIED ADMINISTRATORS (S.F., CA)				2	X X	X X	<u> </u>			
	37308	ALLIED BENEFITS SYSTEMS				2	X	x				
+	75261 A0701	ALPHA DATA SYSTEMS ALTA BATES MEDICAL GROUP				2	X X	x	1			
	25133	ALTA HEALTH STRATEGIES				2	X X	x				
	AMAIA	AMA INSURANCE AGENCY				4		х				
	13550 68069	AMALGAMATED LIFE AMBETTER FROM BUCKEYE COMMUNITY HEALTH PLAN				4	X X	X X	-			
	68069	AMBETTER FROM COORDINATED CARE				2	X X	X				
	68069	AMBETTER FROM CELTICARE HEALTH PLAN				4	X	X				

Availity's El	ectronic Data	Interchange (EDI) Health Plan Partners										
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	68069	AMBETTER FROM MAGNOLIA HEALTH				4	х	х				
	68069 68069	AMBETTER FROM MANAGED HEALTH SERVICES AMBETTER FROM PEACH STATE HEALTH PLAN				4	X X	X X				
	68069	AMBETTER FROM SUNSHINE HEALTH				4	X	x				
	68069	AMBETTER FROM SUPERIOR HEALTH				4	х	х				
	68069	AMBETTER OF ARKANSAS				4	Х	х				
	75137 75185	AMERIBEN SOLUTIONS, INC. AMERICAN ADMINISTRATIVE GROUP - AAG				2	X	x x				
		AMERICAN ADMINISTRATIVE GROUP - AAG AMERICAN ADMINISTRATIVE GROUP - AAG (FORMERLY GALLAGHER					X					
	37283	BENEFITS)				2	х	х				
	63103	AMERICAN BEHAVIORAL				2	Х	х				
	95170	AMERICAN BENEFIT PLAN ADMINISTRATORS				2	х	х				
	ACN01 41161	AMERICAN CHIROPRACTIC NETWORK AMERICAN CHIROPRACTIC NETWORK (PAN)				2	X X					
	41160	AMERICAN CHIROPRACTIC NETWORK (PAN) AMERICAN CHIROPRACTIC NETWORK IPA OF N.Y.				2	x					
	87726	AMERICAN COMMERCIAL BARGE LINES			х	2	X	х				
	AMF11	AMERICAN FAMILY INSURANCE CO.				4	х	х				
	60801	AMERICAN FIDELITY ASSURANCE COMPANY				2	Х	х				
	98205 62030	AMERICAN FOUNDERS LIFE INSURANCE CO. AMERICAN GENERAL			\vdash	2	x x	x	 			
	01066	AMERICAN HEALTHCARE ALLIANCE				2	x	x				
	36369	AMERICAN IMAGING MANAGEMENT				2	х	х				
	81949	AMERICAN INSURANCE COMPANY OF TEXAS				4	Х					
	72099 60739	AMERICAN LIFECARE AMERICAN NATIONAL INSURANCE CO				2	X X	X X				
	44444	AMERICAN POSTAL WORKERS UNION				3	×	×				
	56071	AMERICAN REPUBLIC				2	x	x				
	42011	AMERICAN REPUBLIC INSURANCE				2	х	х				
	37322	AMERICAN WORKER HEALTH PLUS				2	Х	х				
	20553 20029	AMERICA'S 1ST CHOICE - SOUTH CAROLINA AMERICA'S CHOICE HEALTHPLANS/NMA				2	X X	X X				
	16120	AMERICA'S PPO (ARAZ)				3	X	x				
	86047	AMERICHOICE OF NEW JERSEY (MEDICAID NJ)				2	х	х				
	86001	AMERICHOICE OF NEW JERSEY PERSONAL CARE PLUS (MEDICARE)				2	X	X				
	86048 86002	AMERICHOICE OF NEW YORK (MEDICAID NY) AMERICHOICE OF NEW YORK PERSONAL CARE PLUS (MEDICARE)				2	X X	X X				
	86049	AMERICHOICE OF PENNSYLVANIA MEDICAID/CHIP				2	x	x				
	86003	AMERICHOICE OF PENNSYLVANIA PERSONAL CARE PLUS (MEDICARE)				2	Х	х				
	26375	AMERIGROUP				2	X	х				
	54763 23037	AMERIHEALTH ADMINISTRATORS AMERIHEALTH HMO NEW JERSEY AND DELAWARE				2	X X	x				
	22248	AMERIHEALTH MERCY HEALTH PLAN				2	X	x				
	79966	AMIDA CARE				2	х	х				
	53085	ANCHOR BENEFIT CONSULTING, INC				2	Х	Х				
	86062	ANCILLARY BENEFIT SYSTEMS/ARIZONA FOUNDATION FOR MEDICAL CARE				2	x	x				
	47198	ANTHEM CA				3	х	х				This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click SendFiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00050	ANTHEM CO				3	х	x				This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click SendFiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00060	ANTHEM CT				3	х					This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click SendFiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00130	ANTHEM IN				3		x				This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click SendFiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00630	ANTHEM IN				3	x					This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click SendFiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00160	ANTHEM KY				3		х				This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click SendFiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00660	ANTHEM KY				3	х					This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click SendFiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).

Availity's Fl	ectronic Data	Interchange (EDI) Health Plan Partners										
Availity 5 Li	icotrollio Batt	Therefore (25) Health Flath arthers		- 5								
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
	00180	ANTHEM ME				3		x				This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click SendFiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00680	ANTHEM ME				3	x					This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click SendFiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00241	ANTHEM MO				3	x	x				This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click Sendfiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00270	ANTHEM NH				3		x				This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click Sendfiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00770	ANTHEM NH				3	x					This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click Sendfiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00265	ANTHEM NV				3	x	x				This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click Sendfiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00332	ANTHEM OH				3		x				This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click SendFiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00834	ANTHEM OH				3	x					This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click SendFiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00423	ANTHEM VA				3	x	x				This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click Sendfiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00450	ANTHEM WI				3		x				This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click Sendfiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00950	ANTHEM WI				3	x					This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click SendFiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	34196	APEX BENEFIT SERVICES	-			2	X					
	54160	APS HEALTHCARE, INC.	-			2	X	х				
\vdash	61101	ARCADIAN MGMT SERVICES	1			4	X	х	X	Х	x	
\vdash	AZFMC	ARIZONA FOUNDATION FOR MEDICAL CARE		1	1	2	X	-				
—	03432	ARIZONA PHYSICIANS IPA	+	-	\vdash	2	X	X				
\vdash	27154	ARIZONA PRIORITY CARE PLUS	1			2	X	X				
\vdash	75278	ARKANSAS BEST CORPORATION - CHOICE BENEFITS ARKANSAS MANAGED CARE ORG (AMCO)	+		\vdash	2	X	X				
\vdash	62176 87726	ARNETT HEALTH PLANS	1	-	1	2	X X	X X				Effective 8/20/12, payer ID 95440 will no longer be valid. Please use payer ID 87726.
	ASRM1	ASRM CORP (NJ)	1			4	X	X				Encourse or 20/12, payor 10/30440 will no longer be valid. In lease use payor 10/01/20.
	ATPA1	ASSOCIATED THIRD PARTY ADMINISTRATION	1			2	X					
	36326	ASSOCIATES FOR HEALTH CARE, INC	1			2	X	x				
	39065	ASSURANT HEALTH	1			2	x	x			İ	
	ASNTH	ASSURANT HEALTH RE-PRICING VIA HEALTHSPAN				3	х	x				Use payer ID ASNTH to submit professional or institutional Assurant Health claims to be routed for HealthSpan Re-Pricing. Use existing Payer IDs for claims for Assurant Health lines of business without re-pricing.
\vdash	74240	ASSURED BENEFITS ADMINISTRATORS			\vdash	2	X					
	93221	ASURIS NORTHWEST HEALTH	+		Х	4	X	X	X	Х		
\vdash	95691	ATHENS AREA HEALTH PLAN	+		\vdash	2	X	X				
H + + + + + + + + + + + + + + + + + + +	13853 90956	ATLANTIS HEALTH PLAN ATLAS LIFE INSURANCE COMPANY	1	-	1	2	X	+				
+	ATRIO	ATRIO HEALTH PLAN	1	-	1	4	X X	x				
 	CMSEB	AUSTIN REGIONAL CLINIC EMPLOYEE BENEFIT PLAN	+		+	4	X	X				
\vdash	38259	AUTOMATED BENEFIT SERVICES (ABS)	-		1	2	X	X				
	37280	AUTOMATED BENEFIT SERVICES (ABS) AUTOMATED GROUP ADMINISTRATION, INC.	1			2	X X	X				
	91136	AUTOMOTIVE MACHINISTS LOCAL 289 HEALTH & WELFARE FUND	1			2	X	X				
	46045	AVERA HEALTH	1			4	X	X				
	59275	AVMED ENCOUNTERS	1			4	x	_ ~			İ	
	59274	AVMED, INC.				4	x	х				
	65026	BAPTIST HEALTH SOUTH FLORIDA				2	X	х				
	SX145	BANNER HEALTH PLAN				2	Х					
		·	_		-							

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Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
	41204 06941	BASIC PLUS BAY BRIDGE ADMINISTRATORS LLC				2	X X	x x				
	49153	BCI ADMINISTRATORS, INC.				2	x	x				
	43324	BEACON HEALTH STRATEGIES				2	х	х				
	95377	BEECH STREET CORPORATION				2	х	х				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse
\$	60054	BELL ATLANTIC				2	х	х				enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	41205 36149	BENEFIT ADMINISTRATIVE SERVICES (BAS) BENEFIT ADMINISTRATIVE SYSTEMS				2	X X	X X				
	51037	BENEFIT CONCEPTS				2	X	X				
	25145	BENEFIT COORDINATORS CORPORATION (PITTSBURGH, PA)				2	X	X				
	00999	BENEFIT MANAGEMENT SERVICES (BMS)				4	Х	х				
	37212	BENEFIT MANAGEMENT SYSTEMS,INC				2	х	X				
	37118	BENEFIT PLAN ADMINISTRATORS (ROANOKE, VA)				2	X	х				
	39081 74223	BENEFIT PLAN ADMINISTRATORS, CO (EAU CLAIRE, WI) BENEFIT PLANNERS, INC.				2	X X	X				
	36342	BENEFIT SYSTEMS & SERVICES, INC (BSSI)				2	X	X X				
	61425	BENEFIT TRUST LIFE				2	X	X				
	95604	BEST LIFE & HEALTH INSURANCE CO.				2	х	x				
	01508	BETTER HEALTH OF FLORIDA				3	х	x				
	62183	BETTER HEALTH PLANS, INC.				2	Х	X				
	BSHS1	BIENVIVIR SENIOR HEALTH PLAN BIG LOTS ASSOCIATES BENEFIT PLANS				2	X					
	CX025 BV001	BLOCK VISION OF TEXAS			+ -	2	X X	X				
	BV001	BLOCK VISION, INC				2	X					
	37308	BLUE BELL BENEFITS TRUST				2	х	х				
\$	00610	BLUECROSS (BC) ID BLUECROSS BLUESHIELD (BCBS) AR		x	х	2 4+	x					Enrollment required. Please go to https://www.bcidaho.com/Edi. Clearinghouse/08-29- 13_Trading%20Partner%20Agreement%20Provider%20+%20BAA%209-5-2012.pdf to enroll. Availity's submitter id = 000000611 EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. All providers and facilities must first register to create a login and password. The link for provider or facilities to enroll is https://secure-ediservices.net/EDIS.Web/Login/Login.aspx. Availity Assigned
												Submitter ID - E0079.
	53589	BLUECROSS BLUESHIELD (BCBS) AZ				4*	Х	Х				
	00101	BLUECROSS BLUESHIELD (BCBS) GA				3		x				This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click Sendfiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	00601	BLUECROSS BLUESHIELD (BCBS) GA				3	х					This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click Sendfiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
\vdash	00621	BLUECROSS BLUESHIELD (BCBS) IL HCSC	1	-	х	4	х	X				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse
\$	53120	BLUECROSS BLUESHIELD (BCBS) LA				2	x					enrollment for this payer. Please contact your practice management vendor or advanced cleaning induse and advanced cleaning induse enrollment for this payer. Please contact your practice management vendor or advanced cleaning house @availity.com for further details.
	12B14	BLUECROSS BLUESHIELD (BCBS) MA				2		х				
	SB700	BLUECROSS BLUESHIELD (BCBS) MA				2	х					DODOWN
	220	BLUECROSS BLUESHIELD (BCBS) MN			х	2	x	x				BCBSMN requires atypical providers to submit their payer assigned provider id in the REF01 with a G2 qualifier. Patient's ID card will denote which payer id to use electronically.
	00220	BLUECROSS BLUESHIELD (BCBS) MN			х	2	x	x				qualifier. Patient's 10 card will denote which payer in to use electronically. BCBSMN requires atypical providers to submit their payer assigned provider id in the REF01 with a G2 qualifier. Patient's ID card will denote which payer id to use electronically.
	00222	BLUECROSS BLUESHIELD (BCBS) MN			х	2	х	х				Qualifier: Patient's ID card will denote which payer in to be selectionically. BCBSMN requires atypical providers to submit their payer assigned provider id in the REF01 with a G2 qualifier. Patient's ID card will denote which payer id to use electronically.
	222	BLUECROSS BLUESHIELD (BCBS) MN			х	2	х	x				BCBSMN requires atypical providers to submit their payer assigned provider id in the REF01 with a G2 qualifier. Patient's ID card will denote which payer id to use electronically.
	720	BLUECROSS BLUESHIELD (BCBS) MN			х	2	х	х				BCBSMN requires atypical providers to submit their payer assigned provider id in the REF01 with a G2 qualifier. Patient's ID card will denote which payer id to use electronically.
	00720	BLUECROSS BLUESHIELD (BCBS) MN			х	2	х	x				BCBSMN requires atypical providers to submit their payer assigned provider id in the REF01 with a G2 qualifier. Patient's ID card will denote which payer id to use electronically.
	00722	BLUECROSS BLUESHIELD (BCBS) MN			х	2	х	х				BCBSMN requires atypical providers to submit their payer assigned provider id in the REF01 with a G2 qualifier. Patient's ID card will denote which payer id to use electronically.
	722 BCBS	BLUECROSS BLUESHIELD (BCBS) MN			х	2	x	x				BCBSMN requires atypical providers to submit their payer assigned provider id in the REF01 with a G2 qualifier. Patient's ID card will denote which payer id to use electronically.
	BCBS 22099	BLUECROSS BLUESHIELD (BCBS) MT BLUECROSS BLUESHIELD (BCBS) NJ HORIZON	1	1	\vdash	2	X X	X X				
	00790	BLUECROSS BLUESHIELD (BCBS) NM HCSC		t	х	4	X	×				
	00840	BLUECROSS BLUESHIELD (BCBS) OK HCSC			х	4	x	X				
\vdash	84980	BLUECROSS BLUESHIELD (BCBS) TX HCSC			х	4	х	x				
-	94036	BLUEGRASS FAMILY HEALTH BLUESHIELD (BS) CALIFORNIA	_		х	2	Х	X X				
	BS001	BLUESHIELD (BS) CALIFORNIA	_	1	X	2	X	X				

Availity's El	ectronic Data	a Interchange (EDI) Health Plan Partners										
Availity 3 Li	ectionic Date	Three change (LDI) Health Flair Farthers		75								
			*	Claim Enroll Required								
			Government Payer	l in		_						
			<u> </u>	Se .	Remit (835)	Option			Eligibility &	Claim	Auth &	
Premium	Payer ID	Payer Name	en	<u>=</u>	F (8	b b	Professional		Benefits	Status	Referral	Additional Information
	i ayei ib	r dyer Hame	Ē	nro	Ē	2	Claim (837)	Claim (837)	(270)	(276)	(278)	Additional information
			err	ū	Re	Ā			(270)	(210)	(210)	
			Š	I.≣								
			9	ဦ								
	36609	BOILERMAKERS NAT'L HEALTH & WELFARE				2	х	х				
	BOLL1	BOLLINGER, INC.				4	x	x				Group number required for all claims; Policy holder claim form required for most groups on
								^				institutional/professional claims.
	74238 13337	BOON-CHAPMAN BENEFIT ADMINISTRATORS BOSTON MEDICAL CENTER HEALTH PLAN				3	X X	x				
	38365	BRIDGE BENEFITS				2	x	x				
	BRIDG	BRIDGESPAN				3	Х	х	х	х		
	68069 51037	BRIDGEWAY HEALTH SOLUTIONS BROKERAGE CONCEPTS			Х	3	x x	X X				payer ID 68054 may be used
	94316	BROWN & TOLAND MEDICAL SERVICES				3	X	X				
	84980	BRYAN INDEPENDENT SCHOOL DISTRICT				4	х	x				Please ensure that the group number is included in Loop 2000B SBR03 and the appropriate BISD
												subscriber id is used.
	68069 42150	BUCKEYE COMMUNITY HEALTH PLAN BUTLER BENEFITS	+		Х	3	x x	X X				payer ID 32004 may also be used
	23708	C&O EMPLOYEES HOSPITAL ASSOCIATION				2	X	^				
	CLFR2	C.L. FRATES AND COMPANY			oxdot	2	х	х				
	68047 71057	CALIFORNIA HEALTH AND WELLNESS CANON COCHRAN MANAGEMENT SERVICES INC METAIRIE LA	1	-	Х	2	x x	X X				
	23045	CAPITAL BLUE CROSS/CAIC				2	X					
	95112	CAPITAL HEALTH PLAN		х		2	X	х				Please contact Network Services at 850.523.7361 to enroll.
	68011	CAPITOL ADMINISTRATORS (GTESS)				2	Х	х				
	GCVCP	CAPROCK HEALTH PLANS - VERITY CARDIOVASCULAR CARE PROVIDERS, INC. (CVCP)				2	X X	х				
	57116	CARE 1ST HEALTH PLAN OF ARIZONA				2	X	x				
												Providers will be required to send an EDI Enrollment Inquiry to EDIEnrollment@CareCentrix.com. The
	11345	CARECENTRIX		х		4	х	x				body of the email should contain the following: Provider NPI; Contact Name; Contact Email; Address; Contact Telephone
	SB580	CAREFIRST BCBS OF DC/NCA			х	2	x	x				Contact relephone
	SB690	CAREFIRST BCBS OF MARYLAND			X	2	X	x				
	25133	CARELINK ADVANTRA				2	Х	х				
	25133 93975	CARELINK HEALTH PLAN CAREOREGON				3	X X	X X				
	MRCHP	CARESOURCE HEALTH PLAN OF OREGON			х	3	X	X				
	31114	CARESOURCE OF OHIO				2	Х					
	56215	CAROLINA BEHAVIORAL HEALTH ALLIANCE				4	X	X				formation and ID 57405
	29076 56195	CAROLINA CARE PLAN, INC. CAROLINA SUMMIT HEALTHCARE, INC.				2	X X	X X				formerly payer ID 57105
	37060	CATERPILLAR				2	X	x				
	03036	CBA BLUE				2	Х	х				
	CCAI 88019	CCAI CCEA				3	X X	Х				
	73159	CCN				2	X	х				
	00220	CCSTPA			Х	2		х				
	00720	CCSTPA CDO TECHNIOLOGIES			Х	2	X	v				
	83028 88022	CDO TECHNOLOGIES CDS GROUP HEALTH				2	X X	X X				
	44827	CEDAR VALLEY COMMUNITY HEALTH PLAN				2	X	X				
	95166	CEDARS-SINAI MEDICAL NETWORK SERVICES				2	х	х				
1	95167 68063	CEDARS-SINAI MEDICAL NETWORK SERVICES CELTIC INSURANCE	1			2	X X	X X				
	68069	CELTICARE HEALTH PLAN	┖		х	3	X	X				payer ID 68060 may also be used
	91136	CEMENT MASONS & PLASTERERS HEALTH AND WELFARE TRUST				2	Х	х				
-	68068 68068	CENPATICO - AZ CENPATICO - FL	+		X X	3	X	X				payer ID 68048 may also be used
	68068	CENPATICO - FL	+		X	3	X X	X X	 			payer ID 68058 may also be used payer ID 68050 may also be used
	68068	CENPATICO - IL			Х	3	X	X				payer ID 68065 may also be used
	68068	CENPATICO - IN	_		х	3	х	х				payer ID 68052 may also be used
1	68068 68068	CENPATICO - KS CENPATICO - KY	-	-	X X	3	x x	X X				
	68068	CENPATICO - MA			X	3	X	X				payer ID 68061 may also be used
	68068	CENPATICO - MS			х	3	Х	х				The payer will begin accepting claims starting 12/1/12.
	68068	CENPATICO - OH	+	-	X	3	X	X	 			payer ID 68051 may also be used
	68068 68068	CENPATICO - SC CENPATICO - TX			X	3	X X	X				payer ID 68059 may also be used payer ID 68053 may also be used
	68068	CENPATICO - WI			x	3	x	x				payer ID 68046 may also be used
\perp	42138	CENPATICO TPA			\Box	2	X	X				
1	68069 42139	CENTENE MEDICARE CENTENE TPA	+		Х	3	X	X				payer ID 68056 may also be used
	31118	CENTRAL BENEFITS LIFE				2	X X	X X				
	NACDM	CENTRAL DUPAGE MEDICAL GROUP				3	Х	х				
	02041 34097	CENTRAL MASSACHUSETTS HEALTH CARE CENTRAL RESERVE LIFE	+	Х		2	X X	X X				
	CIPA1	CENTRAL RESERVE LIFE CENTRAL SENIOR CARE			х	4	X X	X				For 835, 270 and 276 transactions please use Payer ID: HPN11
	36215	CENTRAL STATES HEALTH & WELFARE FUND				2	х	х				
	42140	CENTURION		<u> </u>	Ш	3	Х	х				

Availity's El	lectronic Data	Interchange (EDI) Health Plan Partners										
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
	36393 23171	CENTURYPHO CHA – COMMONWEALTH HEALTH ALLIANCE				2	X	X				
	84146	CHAMP VA - HAC				2	X X	X X				
	38520	CHAMPUS - TRICARE (NORTH & SOUTH)	х			4	x	x				Provider Enrollment may be found at www.mytricare.com. The 270 and 276 WEB transactions are only for TRICARE South Region. Trading Partner Name: Availity, LLC, Trading Partner ID: 7GW0429FL3 TRICARE PGBA, LLC EDI Help Desk (800-325-5920) Provider Enrollment may be found at www.mytricare.com. The 270 and 276 WEB transactions are
	57106	CHAMPUS - TRICARE (PALMETTO)	х			4	x	х				only for TRICARE South Region. Trading Partner Maner. Availity, LLC, Trading Partner ID: 7GW0429FL3 TRICARE PGBA, LLC EDI Help Desk (800-325-5920)
	61125	CHAMPUS - TRICARE (PGBA)	x			4	х	x				Provider Errollment may be found at www.mytricare.com. The 270 and 276 WEB transactions are only for TRICARE South Region. Trading Partner Name: Availity, LLC, Trading Partner ID: 7GW0429FL3 TRICARE PGBA, LLC EDI Help Desk (800- 325-5920)
	99726	CHAMPUS TRICARE WEST	х			4	х	х				
	CHAT1	CHATWINS HEALTHCARE ADMINISTRATORS			\sqcup	2	х	х				
	16600	CHAUTAUQUA COUNTY HEALTHCARE PLAN				2	Х	X				
	75261 59223	CHEC – A SUBSIDIARY OF SPRINT CHESAPEAKE LIFE INSURANCE				2	X X	X X				
	34154	CHESTERFIELD RESOURCES				2	x	x				
\$	86916	CHILDREN WITH SPECIAL HEALTHCARE NEEDS (CSHCN)	x			4#	х	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	CASD1	CHIROPRACTIC ASSOCIATION OF SD - DAKOTACARE				4	X					
	CASD2 ACN01	CHIROPRACTIC ASSOCIATION OF SD - SANFORD HEALTH PLAN CHIROPRACTIC CARE OF MINNESOTA, INC.				2	X X					
\$	60054	CHOICE PLUS (TRW)				2	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	38308	CHRISTIAN BROTHERS SERVICES				2	х	х				gg.
	SPOHN	CHRISTUS SPOHN NETWORK				2	х	х				
	62308	CIGNA			х	2	х	х				
	02331 95266	CIGNA BEHAVIORAL HEALTH CIGNA FLEX CARE (NEW MEXICO ONLY)				2	X X	x				
	86033	CIGNA FLEX CARE (NEW MEXICO ONLT) CIGNA SENIOR HEALTH PLAN				2	X	X				
	10207	CITRUS HEALTH PLAN				4*	x	x				
	COA01	CITY OF AMARILLO				4	x					
	77201	CLEARCHOICE HEALTH PLAN/COIHS				2	X					
	CSI001 CSI01	CLINICAL SPECIALTIES, INC CLINICAL SPECIALTIES, INC				2	X X	x x				
	35219	CMCS ADVANTAGE HEALTH SOLUTIONS MEDICARE ADVANTAGE				3	x	x				
	M3FL0012	CMS MMA SPECIALTY PLAN				4	х	х				
	49718	COLORADO HEALTH INSURANCE COOPERATIVE				2	X	х				
	COKSR KSRCS 91162	COLORADO KAISER PERMANENTE COLORADO KAISER PERMANENTE (COLORADO SPRINGS ONLY) COLUMBIA UNITED PROVIDERS				2 2 2	X X X					
	34181	COMMERCE BENEFITS GROUP COMMONWEALTH ADMINISTRATORS	1			2	X	X				
	37237 25179	COMMUNITY CARE BEHAVIOR HLTH ORG	1	1	\vdash	2	X X	X X				
	23282	COMMUNITY CARE BHO				2	х	х				
	73143	COMMUNITY CARE MANAGED HEALTH CARE				2	х	х				
	39126 38325	COMMUNITY CARE ORGANIZATION COMMUNITY CHOICE OF MICHIGAN	1	-	\vdash	2	X X	X				
	COMMF	COMMUNITY FIRST				4+	X	x				
	35193	COMMUNITY HEALTH ALLIANCE				2	x					
	48145	COMMUNITY HEALTH CHOICE			Х	4+	X	х				
	75261 CHPWA	COMMUNITY HEALTH ELEC. CLEARINGHOUSE (CHEC) COMMUNITY HEALTH PLAN OF WASHINGTON	1-	-	x	4	X X	X X	1			
	61733	COMMUNITY HEALTH FEAR OF WASHINGTON			_^	2	X	x				
	95192	COMMUNITYCONNECT HEALTHPLAN				2	х	х				PO Box 3157, Eau Claire, WI 54702-3157
	34177	COMP - OHIO (AUSTINTOWN, OH)				2	X	X				PO Box 3217. Eau Claire. WI 54702-3217
	95192 93101	COMPARE (WISCONSIN BADGERCARE ONLY) COMPLEMENTARY HEALTHCARE PLANS	+	1		2	X X	X X				FO DUX 3217, Edu Oidile, WT 34/UZ-3217
	59314	COMPREHENSIVE BEHAVIORAL CARE	L	L	L	2	x	x				
	COMPU	COMPUSYS OF COLORADO				2	х					
—	33632	CONCORDIA CARE INC	1			2	X	X				
	06105 78375	CONNECTICARE CONNECTICARE - MEDICARE	+		\vdash	2	X X	x x				
	62308	CONNECTICUT GENERAL - MEDICAL CLAIMS				2	X	x				
	02331	CONNECTICUT GENERAL - MENTAL HEALTH CLAIMS			igspace	2	х					
 	37135 75284	CONSOCIATE GROUP (DECATUR, IL) CONSOLIDATED ASSOCIATES RAILROAD	-	1	\vdash	2	X X	X X				
	71404	CONTINENTAL GENERAL	1 -			2	X	X				
	35315	CONTINENTAL KEY FAMILY				2	X	X				
			_	_	_				_			

Availity's El	ectronic Data	a Interchange (EDI) Health Plan Partners										
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
	CCHP1	COOK CHILDREN'S HEALTH PLAN				4	х	х				
	CCHP9	COOK CHILDREN'S STAR PLAN				4	X	Х				
	52132	COOPERATIVE BENEFIT ADMINISTRATOR COOPERATIVE MANAGED CARE SERVICES (CMCS)				4	X X	X X				
	35199 07003	COOPERATIVE MANAGED CARE SERVICES (CMCS) COOPORTUNITY HEALTH				2	X	X				
	14829	CO-ORDINATED BENEFITS PLAN				2	x	x				
	68069	COORDINATED CARE			х	3	х	х				
	58231	CORE MANAGEMENT RESOURCES GP				2	Х					
	35182	CORESOURCE OF AZ, IL, IN, MD, MN, NC, PA			х	2	X	X				
	75136 10850	CORESOURCE, LITTLE ROCK CORNERSTONE BENEFIT ADMINISTRATORS			x	2	X X	X X				
					^							Payer ID valid only for claims with a billing submission address of P.O. Box 27267, Minneapolis, MN
	41124	CORPORATE BENEFIT SRVC OF AMERICA (MERITAIN HEALTH)				2	х	x				55427-0267.
	56116	CORPORATE BENEFITS SERVICE, INC (NC)				2	х					
	CCIH	CORRECTCARE INTEGRATED HEALTH (CA PRISON HEALTH CARE SERVICES)				2	x	x				The abbreviation for the institution should be entered as the patient's address in Loop 2010BA, N3 segment. Institution's city, state and zip should be entered in Loop 2010BA, N4 segment. Obtain info from the following link: https://www.correctcare.com/portal/institution%20Abbreviation%20List.pdf
	43160	CORRECTIONAL MEDICAL SERVICES				2	X					
	62553	COUNTRY LIFE INSURANCE COMPANY	-		\vdash	2	X	X				
	60827	COUNTYCARE COVENANT ADMINISTRATORS, INC. (ATLANTA, GA)				2	X X	X X				
	58102 CMSEB	COVENANT ADMINISTRATORS, INC. (ATLANTA, GA) COVENANT MGMT SYSTEMS EMPLOYEE BENEFIT PLAN	1		\vdash	4	X	X X				
	25133	COVENTRY HEALTH & LIFE (OKLAHOMA)				2	X	X				
	25133	COVENTRY HEALTH CARE IOWA				2	х	х				
	25133	COVENTRY HEALTH CARE KANSAS				2	X	X				
	25133	COVENTRY HEALTH CARE NEBRASKA				2	X	X				
	25133 25133	COVENTRY HEALTH CARE OF CAROLINAS COVENTRY HEALTH CARE OF DELAWARE				2	x x	X X				
	25133	COVENTRY HEALTH CARE OF GEORGIA				2	x	x				
	25133	COVENTRY HEALTH LOUISIANA				2	x	x				
	25127	COVENTRY HEALTHCARE OF GEORGIA				2	х	х				
	25135	COVENTRY HITH CRE LOUISIANA INC				2	X	х				
	25136 64068	COVENTRY HLTH CRE NEBRASKA INC CREATIVE MEDICAL SYSTEMS				2	X X	X X				
	37320	CREATIVE MEDICAE STATEMS CREATIVE PLAN ADMINISTRATORS				2	X	x				
	34186	CSI NETWORK SERVICES				3	X	X				
	27136	CSI OF MICHIGAN				2	х	х				
	82056	CUSTOM DESIGN BENEFITS				2	х	х				EDI I III I I II III III III III III III
\$	60054	CUSTOMCARE (PRUDENTIAL)				2	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availify.com for further details.
	DAK01 06172	DAKOTACARE DART MANAGEMENT CORP/DART CONTAINER CORP	+		\vdash	2	X X	x x				
	95748	DC CHARTERED HEALTH PLAN	1			4	x	~				
	39113	DEAN				2	Х	х				
	87726	DEFINITY SERVICES			х	2	X	х				
	27009 94235	DELAWARE PHYSICIANS CARE, INC. DELTA HEALTH	1	-	\vdash	2	X X	X X				
	94235 DHS01	DELTA HEALTH DELTA HEALTH SYSTEMS	1		\vdash	2	X	*				Claims for payer ID 87068 (Health Plan Solutions of Utah) may be sent using payer ID DHS01
	84135	DENVER HEALTH MEDICAL PLAN				2	X	х				
\$	LABOR	DEPARTMENT OF LABOR & INDUSTRY (WASHINGTON)		x		2	х					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Click this link and complete the enrollment required to begin electronic billing with L&I: http://www.lni.wa.gov/Forms/pdf/F248-031-000.pdf Information necessary to complete the Clearinghouse/Intermediary Information section: Clearinghouse Name - Availity, L.L.C., Telephone - 800.282.4548, Contact - Availity Client Services, L&I Account Number – 0179379
\vdash	56240	DETROIT MEDICAL CENTER	-			2	х	х				
—	BC001 25160	DIRECTORS GUILD OF AMERICA DIVERSIFIED GROUP ADMIN	-		+	2	X	X				
	74284	DRISCOLL CHILDREN'S HEALTH PLAN	+		\vdash	2	X X	X X				
	35186	DUNN AND ASSOCIATES BENEFITS ADMINISTRATORS				2	x	x				
	36434	EARLY INTERVENTION CENTRAL BILLING				2	X					
	62308	EATON BENEFITS,OH	1		₩.	2	х	x				
—	22521 EPF03	EDS ADMIN SERVICES EL PASO FIRST HEALTH PLANS - CHIP	-	.,	х	4	X X	X X				Please contact Provider Relations at (915)-532-3778 x1507 to enroll.
	EPF03 EPF37	EL PASO FIRST HEALTH PLANS - HCO (HEALTHCARE OPTIONS)	+		X	4	X	X X				Please contact Provider Relations at (915)-532-3778 x1507 to enroll. Please contact Provider Relations at (915)-532-3778 x1507 to enroll.
	EPF02	EL PASO FIRST HEALTH PLANS - PREMIER PLAN (STAR MEDICAID HMO)	х		X	4	X	x				Please contact Provider Relations at (915)-532-3778 x1507 to enroll.
	52192	CIGNA-HEALTHSPRING	_		LΠ	4	х	х				Serving Members in Pennsylvania, Maryland, Delware, Texas, and Washington DC.
1	31625	ELDERPLAN	 		\vdash	2	X	X				Elderplan Provider ID required for all claims. Please contact (718)-921-7979 for Provider ID
 	93235 ECISF	ELECTRICAL WORKERS INSURANCE FUND LOCAL 5800 ELLIS CONSULTANTS, INC.	+		\vdash	2	X X	X X				
	37253	ELMCO	1			2	x	x				
		•		. —						. —	. —	

Availity's FI	ectronic Data	a Interchange (EDI) Health Plan Partners										
Availity 5 El	con one ban	Therefore (ED) Health Flath artists		70								
			Government Payer*	Claim Enroll Required								
			t Pa	Req	Remit (835)	NPI Option			Eligibility &	Claim	Auth &	
Premium	Payer ID	Payer Name	neu	10.	it (8	Opt	Professional Claim (837)	Institutional Claim (837)	Benefits	Status	Referral	Additional Information
		· ·	Lu.	Enr	em	Ē	Claim (637)	Claim (637)	(270)	(276)	(278)	
			ovc	ii	œ	_						
			ŏ	Cla								
	34167	EMERALD HEALTH NETWORK INC				2	х	х				
	59299	EMI - KP AMBULANCE CLAIMS				2	X					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse
\$	60054	EMORYCARE (PRUDENTIAL)				2	x	х				enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	00303	EMPIRE BC - NY				3		x				This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting your organization, click SendFiles. For further assistance, click Help at the top of the portal page or
												contact Availity Client Services (1.800.282.4548).
	20000	SMRIDE DODG ANY										This payer accepts EDI batch claims via the Availity portal only. To do so, log in to the Availity portal (www.availity.com), and then click EDI File Management Send and Receive EDI Files. After selecting
	00803	EMPIRE BCBS - NY				3	Х					your organization, click SendFiles. For further assistance, click Help at the top of the portal page or contact Availity Client Services (1.800.282.4548).
	95288	EMPLOYEE BENEFIT ADMIN & MGMT				2	х					
	38241 EBC18	EMPLOYEE BENEFIT CONCEPTS, INC. EMPLOYEE BENEFIT CONCEPTS, INC.				2	X X	X X				
	92135	EMPLOYEE BENEFIT LOGISTICS				2	X	x				
	31074	EMPLOYEE BENEFIT MANAGEMENT (EBMC)				4	х	х				
	CX025 81039	EMPLOYEE BENEFIT MANAGEMENT CORP. EMPLOYEE BENEFIT MANAGEMENT SYSTEM (EBMS)				3	X X	X X				
	EBSSA	EMPLOYEE BENEFIT SERVICES (EBS) OF SAN ANTONIO				4	X	^				
	37216	EMPLOYEE BENEFIT SERVICES (SOUTH CAROLINA)				2	X	X				
	03036	EMPLOYEE BENEFITS PLAN ADMIN (E.B.P.A.)				2	X	Х				
	75184 35112	EMPLOYEE CLAIM ADJUDICATION SVCS EMPLOYEE PLANS, LLC				2	X X	X X				
	74212	EMPLOYER PLAN SERVICES INC (EPSI)				2	X	X				
	36335	EMPLOYERS COALITION ON HEALTH (ECOH)				2	х	Х				Formerly payer ID 27008.
	75232	EMPLOYERS DIRECT HEALTH				2	X	Х				
	75236 75235	EMPLOYERS DIRECT HEALTH (EMPLOYEE PLAN) EMPLOYERS DIRECT HEALTH (FULLY INSURED)				2	X	X X				
	75233	EMPLOYERS DIRECT HEALTH (SELF FUNDED PLAN)				2	x x	X				
	27008	EMPLOYERS HEALTH COOPERATIVE (EHC)				2	х					
	59298	EMPLOYERS MUTUAL,INC.(FL)				2	X	X				
	35206 36364	ENCORE HEALTH NETWORK ENH MEDICAL GROUP IPA				2	X X	X				
	91136	ENSTAR NATURAL GAS G#P61				2	X	x				
	36878	ENTRUST				2	X	X				
	62308 62308	EQUICOR/EQUITABLE EQUICOR-PPO				2	X X	X X				
	75196	EQUIFAX / HEALTHCARE ADMIN (EHAS)				2	x	X				
	73126	EQUITABLE PLAN SERVICES				2	X	X				
	74234	ERISA FUSA FUSA FUSA FUSA FUSA FUSA FUSA FU				2	X					
	20818 59313	ESSENCE HEALTHCARE EVOLUTIONS HEALTHCARE SYSTEMS				2	X X	X X				
	71412	EXCLUSICARE				2	X	x				
	75138	EYE SPECIALISTS OF ARIZONA				2	Х	X				
	37300 93121	FACS GROUP FAMILY CARE CCO			\vdash	2	x x	X X				DOS 1/1/203 to current and must include members group ID. Administered by PH Tech
	93121 FCD01	FAMILY CARE CCO FAMILY CARE MEDICAID				2	X	*				2003 1/1/200 to current and must include members group ID. Administered by PH Tech
	FCM01	FAMILY CARE MEDICAID MENTAL HEALTH				2	X					
	PHD01	FAMILY CARE MEDICAID PH				2	х	х				
	FCR01 PHR01	FAMILY CARE MEDICARE FAMILY CARE MEDICARE			\vdash	2	X X	x				
	43173	FAMILY HEALTH PARTNERS - MISSOURI				2	X	X				
	36396	FAMILY MEDICAL NETWORK				2	X	X				
1	14140	FARM FAMILY			\vdash	2	X	X				
1	59069 33033	FBMC FCE BENEFIT ADMINISTRATORS			\vdash	2	X X	X X				
	84980	FEDERAL EMPLOYEE PROGRAM (TX FEP)			х	4	X	X				
	41041	FEDERATED MUTUAL				2	х	Х		-		
1	11315 77054	FIDELIS CARE NEW YORK FIDELIS SECURE CARE			\vdash	2	X X	x				
	FAMR1	FIRST ADMINISTRATORS			\vdash	3	X	X				
	56196	FIRST CAROLINA CARE				2	x	X				
1	91131	FIRST CHOICE HEALTH NETWORK			\vdash	3	X	X				
	75138 87043	FIRST CHOICE OF MIDWEST (PPO) FIRST HEALTH			\vdash	2	X X	Х				
	75232	FIRST INTEGRATED HEALTH				2	x	х				
	23241	FIRST PRIORITY				2	х			-		
	FS802 94999	FIRST SOLUTIONS FIRSTCARE			X	4	X X	x				
	94999	FIRSTCARE FIRSTCARE "STAR" MEDICAID			X X	4	X	X X				
	90060	FIRSTGUARD HEALTH PLAN - KANSAS				2	X	X				
	90061	FIRSTGUARD HEALTH PLAN - MISSOURI				2	X	X				
	62061	FISERV HEALTH - KANSAS/TENNESSEE	l		ш	2	X	X			l	

Availity's El	octronic Data	Interchange (EDI) Health Plan Partners										
Availity 5 Li	ectionic Date	interchange (LDI) Health Flan Fathers		-								
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
	11244	FITZHARRIS & COMPANY, INC. (FARMINGDALE, NY)				2	х					
\$	60054	FLEXCARE				2	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	59276	FLORIDA 1ST WINTERHAVEN, FL				3	Х	х				Prior to submitting claims, please contact client services at 800.282.4548 (three to five days after
	00590	FLORIDA BLUE			х	2	x	x	x	х	х	approved Availity registration) to obtain a FLORIDA BLUE sender id. Note: FLORIDA BLUE assigned sender id is required, enter in loop 1000A segment NM109.
	59322 12611	FLORIDA HEALTH CARE PLANS (FHCP) FLORIDA HEALTH CARE PLUS (FHP)			Х	4	x x	X X				
	59321	FLORIDA HOSPITAL HEALTHCARE SYSTEMS (FHHS)				2	x	x				
	48116	FLORIDA HOSPITAL WATERMAN				2	х	х				
\$	65063 60054	FLORIDA NETPASS FLORIDA POWER & LIGHT (PRUDENTIAL)				2	x x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	48117	FMH BENEFIT SERVICES, INC				2	x	x				advancedclearinghouse@availity.com for further details.
	70408	FORTIS BENEFITS INSURANCE COMPANY				2	х	х				
	39065 55248	FORTIS INSURANCE COMPANY				2	X	X				
	FVMCH	FOUNDATION HEALTH PLAN (SUNRISE FL) FOX VALLEY MEDICINE SITE 199				2	X X	x				
	FVMC1	FOX VALLEY MEDICINE SITE 451				2	х					
	64069	FOX-EVERETT, INC				2	X	х				
	62324 62324	FREEDOM LIFE INSURANCE COMPANY OF AMERICA FREEDOM LIFE INSURANCE COMPANY OF AMERICA				2	X	x				
	FMCHP	FRESENIUS MEDICAL CARE HEALTH PLAN			х	4	х	X				For 835, 270 and 276 transactions please use Payer ID: FMCHP
	59204 30005	FRINGE BENEFIT COORDINATORS GALVESTON COUNTY INDIGENT HEALTH				2	X X	X X				
	25169	GATEWAY HEALTH PLAN				2	X	X				
	60550	GATEWAY HEALTH/MEDICARE ASSURED				2	X	x				
	91741	GATEWAY HEALTH/MEDICARE ASSURED OHIO GBS GROUP BENEFIT SERVICES INC				2	X	X				
	80241 GEHA9	GEHA HEALTH GROUP (NEVADA)				2	X X	X X				
	87726	GEHA MENTAL HEALTH CLAIMS			х	2	х	х				
	75273 63665	GEISINGER HEALTH PLAN GENERAL AMERICAN LIFE INS CO		х	x	2	x x	x x				Prior enrollment required. Please contact Geisinger Health Plan at 1-888-281-5338, option 3, to obtain an enrollment form; or download a PDF enrollment form at www.thehealthplan.com .
	GHEDI	GENERATIONS HEALTHCARE			Х	4	X	x				
	25531 25133	GHI HMO SELECT GHP (GROUP HEALTH PLAN)				2	X	X				
	80314	GIC INDEMNITY PLAN				3	X X	X X				
	07205	GILSBAR				2	х	х				
	91136 07689	GLASSWORKERS HLTH & WELFARE GLOBAL CARE, INC.				2	X	X				
	37602	GOLDEN RULE				2	X X	X X				
	GTPA1	GOLDEN TRIANGLE PHYSICIAN ALLIANCE			х	4	x	х				GEHA HEALTH GROUP (NEVADA)
	76923 44054	GOOD SHEPHERD HOSPICE GOVERNMENT EMPLOYEES HEALTH ASSOCIATION (GEHA)	+	-	\vdash	2	X X	x x				
	58204	GRADY HEALTHCARE	1			2	X X	X X				
	68069	GRANITE STATE HEALTH PLAN			х	3	х	х				
-	37234 HCP01	GRANT PHYSICIANS PRACTICE ASSOCIATION GREATER VALLEY	-	-	\vdash	2	X X	x x				
	CX015	GROUPLINK	1			2	X	X X				
	48143	GROUP & PENSION ADMINISTRATORS				2	х	х				
\$	36338 53120	GROUP ADMINISTRATORS GROUP BENEFITS - LOUISIANA				2	x x	х				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	39167	GROUP HEALTH COOP/SO. CENTRAL WISCONSIN				2	х	х				
—	91121	GROUP HEALTH COOPERATIVE - EAST (GHC OF PUGET SOUND) GROUP HEALTH COOPERATIVE - WEST (GHC OF PUGET SOUND)	1			4	X	v				Please use 91051 for all GHC Institutional Claims
	91051 95192	GROUP HEALTH COOPERATIVE - WEST (GHC OF PUGET SOUND) GROUP HEALTH COOPERATIVE OF EAU CLAIRE	1			2	X X	x x				PO Box 3217, Eau Claire, WI 54702-3217
	38194	GROUP HEALTH MANAGERS				2	х	x				
—	25141 13551	GROUP HEALTH PLAN (GHP) GROUP HEALTH, INC (GHI) - NEW YORK	1			2	X	v				
	37276	GROUP HEALTH, INC (GHI) - NEW YORK GROUP INSURANCE SERVICE CENTER, INC.	1			2	X X	x x				
	64246	GUARDIAN, THE				2	х	х				
<u> </u>	39180 80705	GUNDERSON LUTHERAN HEALTH PLAN, INC. GWH-CIGNA (FORMERLY GREAT-WEST HEALTHCARE)	+	-	x	2	x x	x x				Formerly First Great West Life &Annuity Ins Co and Great-West Life and Annuity Ins Co
	37114	H.E.R.E.I.U. WELFARE PENSION FUNDS			_^	2	X	X				- Simony 1 and Great Prest Elic destinately his Go and Gleat Prest Elic and Allifoldy his GO
	97258	HAMMERMAN AND GAINER				2	х	х				COD I I I I I I I I I I I I I I I I I I I
H	MHP77 75126	HAP MIDWEST HEALTH PLAN HARPETH IPA - AMERIVANTAGE	1			2	X X	X				COB claims can be accepted for this payer
	HCP01	HARRIMON JONES				2	x	х				
	95266	HARRINGTON BENEFIT SERVICES			ш	2	х	х				

Availitude Ele	atronia Data	Interchange (FDI) Health Blan Bartners										
Availity's Ele	ectronic Data	Interchange (EDI) Health Plan Partners										
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Premium	Payer ID	Payer Name	e e	=	٦	ď	Professional	Institutional	Benefits	Status	Referral	Additional Information
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	40000	HAWAII MANA CENEUT ALLIANCE ACCOCIATION (LIMAA)		0								
	48330 37111	HAWAII MANAGEMENT ALLIANCE ASSOCIATION (HMAA) HCH ADMINISTRATION -PEORIA				2	X X	X X				
	37329	HCHA ALBQ – SELF FUNDED				2	X	X				
	82018	HCS - HEALTH CLAIMS SERVICE				3	X	x				
	77950	HEALTH ALLIANCE MEDICAL PLANS				2	Х	х				
	38224	HEALTH ALLIANCE PLAN OF MICHIGAN				2	Х	X				
-	25126	HEALTH AMERICA/HEALTH ASSURANCE/ADVANTRA				2	X	X				EDI I W I I I I I I I I I I I I I I I I I
\$	60054	HEALTH CARE ALLIANCE (SEARS)				2	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or
Ψ	00034	TIERETTI ONICE REGINIOE (SENIO)				2	^	^				advancedclearinghouse@availity.com for further details.
	42102	HEALTH CARE NETWORK OF WISCONSIN				2		Х				davanoodoloamignodologavamit).com for fartior detaile.
	HCP02	HEALTH CARE PARTNERS - AZ				2	Х	х				For DOS 5/1/2013 and forward
	62180	HEALTH CHOICE GENERATIONS				2	X					
	75196	HEALTH ECONOMICS - MICS CORP				2	X	X				
	95019	HEALTH FIRST HEALTH PLANS HEALTH FIRST TPA – AUSTIN				4	X	X				
+	75289 75234	HEALTH FIRST TPA – AUSTIN HEALTH FIRST TPA – TYLER	+		\vdash	2	X X	X X				
	34185	HEALTH FIRST TPS - HOUSTON				2	X	X				
	55247	HEALTH INSURANCE PLAN OF NEW YORK (HIP)		Х		2	X	X				
	81400	HEALTH INSURANCE COMPANY				2	x					
	95570	HEALTH NET - CALIFORNIA (ENCOUNTERS)				2	Х					
	38309	HEALTH NET OF ARIZONA				3	X	X				
	95567	HEALTH NET-CALIFORNIA & OREGON HEALTH NET-CALIFORNIA (ENCOUNTERS)				3	Х	X X				
	95568 65062	HEALTH NET-CALIFORNIA (ENCOUNTERS)				2	X	X				
	04286	HEALTH NEW ENGLAND				4	X					
	NAHOI	HEALTH OPTIONS OF ILLINOIS, INC				2	х	x				
	62157	HEALTH PARTNERS - JACKSON, TENN.				2	Х	X				
	80142	HEALTH PARTNERS – PA				2	X	X				
-	20270	HEALTH PAYMENT SYSTEMS INC.				2	X	X				
	76342 44273	HEALTH PLAN OF NEVADA HEALTH PLANS INC.				2	X X	X X				
	28804	HEALTH PLUS PHSP				2	X	X				
	56731	HEALTH RESOURCES NW				2	X					
	41170	HEALTH RISK MANAGEMENT (HRM)				2	Х	X				
	20896	HEALTH SERVICES CONSULTING GROUP (HSCG)				2	X	X				
	37290	HEALTH SERVICES FOR CHILDREN - SPECIAL NEEDS				2	X	X				EDI - I - I - I - I - I - I - I - I - I -
\$	41150	HEALTH SERVICES MANAGEMENT			x	2	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or
Ψ	41130	TIEAETT SERVICES MANAGEMENT			^	2	^					advancedclearinghouse@availity.com for further details.
	HSM01	HEALTH SERVICES MANAGEMENT (HSM)				2	х					
	84980	HEALTHCARE BENEFITS				4	Х	х				
	CALL	HEALTHCARE DISTRICT PALM BEACH COUNTY		Х		4	X					Please contact HCDPBC to enroll and to obtain Payer ID (866-930-1002).
	HMA01	HEALTHCARE MANAGEMENT ADMIN (HMA)			Х	3	X	X				
	20501 73147	HEALTHCARE PARTNERS OF NEVADA HEALTHCARE SOLUTIONS GROUP (HSG)				2	X X	X X				
	25143	HEALTHCARE USA				2	X	X				
	36335	HEALTHCARE'S FINEST NETWORK				2	x	x				
	62179	HEALTHCHOICE OF ARIZONA				2	x	X				
	HCOMP	HEALTHCOMP (COMMUNITY FIRST - STAR HEALTH PLAN)			ш	3	Х					
 	85729	HEALTHCOMP, INC				2	X	X				
	41178 80141	HEALTHEZ HEALTHFIRST, INC				2	X X	X				
	59087	HEALTHELP NETWORK, INC. (HHNI)	1		+	2	X X	x				
	96475	HEALTHLINK HMO	1	х	+	2	X	X				Please call Provider Relations Dept at (800) 624-2356 for unique provider number.
	90001	HEALTHLINK PPO		X		2	X	X				Please call Provider Relations Dept at (800) 624-2356 for unique provider number.
	06108	HEALTHNET OF THE NORTHEAST				3	х	х				Payer requires NPI
	07000	LIEAL TUDADTNIEDO		1			_					Go to https://apps.availity.com/availity/documents/HealthPartners Electronic Claims Enrollment.pdf
	07003	HEALTHPARTNERS		х	х	2	х	x				and complete the required enrollment form named HealthPartners Electronic Claims Enrollment
	59140	HEALTHPLAN SERVICES	_			3	X	x				
	95266	HEALTHPLAN SERVICES-HARRINGTON	1		1	2	X	X				
	95009	HEALTHPLUS OF LOUISIANA				4	X	X				
	71063	HEALTHSCOPE BENEFITS, INC				2	х	х				
	M3IL1	HEALTHSELECT BCBS OF FLORIDA				4	x					MED3000 EDI Support (805) 988-2280 ext 340
			-		\vdash				<u> </u>			Provider Customer Service - (708) 633-1234
	75237 HSPC1	HEALTHSMART ACCEL HEALTHSMART PREFERRED CARE (HSPC)				2	X	X				
	75255	HEALTHSOURCE OF NORTH TEXAS				2	X X	X X				
	71075	HEALTHSOURCE, AR				2	x	x				
	58210	HEALTHSOURCE, GA				2	X	X				
	61127	HEALTHSOURCE, KY			L I	2	Х	х				
+	02041	HEALTHSOURCE, MA	_			2	X	X				
	01041 56147	HEALTHSOURCE, ME HEALTHSOURCE, NC	-		\vdash	2	X X	X X	<u> </u>			
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Availity's Fle	ectronic Data	a Interchange (EDI) Health Plan Partners										
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Premium	Payer ID	Payer Name	e	등	Remit (835)	Option	Professional	Institutional	Benefits	Status	Referral	Additional Information
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	06119 62129	HEALTHSOURCE, SC				2		X				
	34092	HEALTHSOURCE, TN HEALTHSPAN			х	2	X X	X X				
	63092	HEALTHSPRING HMO/HEALTHSPRING MEDICARE + CHOICE				2	X	х				
	HESUN 58213	HEALTHSUN HEALTH PLAN HEALTHWAYS WHOLEHEALTH NETWORKS				3	X	X				
	CALL	HEALTHY PALM BEACH		х		4	X X					Please contact Healthy Palm Beach to enroll and to obtain Payer ID (866-930-1002).
	59230	HERITAGE CONSULTANTS				2	X					
	HER01 11328	HERITAGE IPA HERITAGE NEW YORK MEDICAL GROUP				2	X X	x				
	HPN11	HERITAGE PHYSICIAN NETWORK (HOUSTON)			х	4	x	x				
	91164	HIGHLINE MEDICAL SERVICES ORGANIZATION (HMSO) MOLINA				2	х					
	35145 00046	HIGHMARK - KEY FAMILY HILL PHYSICIANS MEDICAL GROUP			+	2	X X	X				
	59347	HILLCREST BENEFIT ADMINISTRATORS				2	X	x				
	86066	HMA HAWAII				2	X	Y-				
	84980 84980	HMO BLUE HMO BLUE TEXAS			X	4	X X	X X				
	COHMO	HMO OF COLORADO				2	X					
	NAHLX	HOLY CROSS HEALTH PARTNERS HOME STATE HEALTH PLAN				3	X	X				
	68069 34150	HOMETOWN HEALTH NETWORK			Х	2	X X	X X				
	88023	HOMETOWN HEALTH PLAN NEVADA				2	x	x				
	88537	HOMETOWN HEALTH PROVIDERS				2	X	X				
	20475 91136	HOOSIER ALLIANCE HEALTH PLAN HOTEL EMPLOYEES & RESTAURANT EMPLOYEES HEALTH TRUST				2	X X	X X				
	13335	HUDSON HEALTH PLAN		х		2	×	×				Provider enrollment is required by the Payer. Please contact Janet Villablanca at 914.372.2753.
		HUMANA HEALTH PLANS OF OHIO		Х.								Provider enrollment is required by the Payer. Please contact Janet Villabianca at 914.572.2755.
	95348 61101	HUMANA, INC. (CLAIMS)			x	3	X X	X X	X X	X X	х	
	61102	HUMANA, INC. (ENCOUNTERS)				4	X					
	22175	I.E. SHAFFER (WEST TRENTON, NJ)				2	X	X				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse
\$	60054	IBM MEDICAL PLANS				2	x	x				enrollment for this payer. Please contact your practice management vendor or
												advancedclearinghouse@availity.com for further details.
	11695 68069	ICARE (INDEPENDENT CARE HEALTH PLAN) ILLINICARE HEALTH PLAN			x	3	X X	X X				payer ID 68066 may also be used
	DMG01	ILLINOIS HEALTH PARTNERS			^	2	x	x				payor 15 00000 may also 50 acca
	41600	IMCARE				2	X	X				
	40585 45048	INDECS CORPORATION INDEPENDENT LIVING SERVICES				2	X X	X X				
	00290	INDIAN HEALTH SERVICES ACS				4	X	x				
	35161 43471	INDIANA PRO HEALTH NETWORK INETICO INC				2	X X	×				
	50946	INFORMED UHC				2	X	X				
	52196	INFORMED, LLC				2	X	x				
	04320	INGALLS PROVIDER GROUPS INNOVATIVE HEALTHWARE SOLUTIONS			\vdash	2	X X	X X				
					+							For institutional claims, please include the payer assigned "Treatment Authorization Code" in loop 2300
	VAICE	INS HEALTH SERVICES (IMMIGRATION HEALTH SERVICES)				4	х	х				REF segment with a G1 qualifier.
+	37279 13315	INSURANCE ADMINISTRATOR OF AMERICA, INC. INSURANCE DESIGN ADMINISTRATORS			\vdash	2	X X	X X				
	IMSMS	INSURANCE MANAGEMENT SERVICES (IMS) OF TEXAS				2	X	X				
\vdash	ISL11	INSURANCE SERVICE OF LUBBOCK			$oxed{\Box}$	2	X					
	IAC01 51020	INSURER'S ADMINISTRATIVE CORPORATION INTEGRA ADMINISTRATIVE GROUP			+	2	X X	X X				
	31127	INTEGRA GROUP				2	x	x				
	31129 23229	INTEGRA GROUP - CHA INTEGRAL QUALITY CARE				2	X	×				
+	34167	INTEGRAL QUALITY CARE INTEGRATED CARE NETWORK BY EMERALD			+	2	X X	X X				
	20050	INTEGRATED MEDICAL SOLUTION				2	X	х				
	54763 92649	INTER COUNTY HEALTH PLAN INTER-AMERICAS INSURANCE CORPORATION, INC			\vdash	2	X Y	X Y				
	37227	INTERCARE HEALTH PLANS, INC.			┢┼	2	X	X				
	60280	INTERFACE EAP		-		2	X	x			-	
+	23287 39182	INTERGROUP SERVICES CORPORATION INTERNATIONAL FUNDING			\vdash	2	X X	×				
	IMGIN	INTERNATIONAL MEDICAL GROUP			┢┼	2	X	X				
	37269	INTERNATIONAL UNION OF OPERATING ENGINEERS, LOCAL 15				2	X	х			-	
	84137 IHP001	INTERWEST HEALTH (MONTANA) - PPO INTOTAL HEALTH			x	3	X X					
	IHP002	INTOTAL HEALTH			X	3	^	x				
\vdash	41124	IOWA BENEFITS, INC	\vdash		\Box	2	X	x				
	86068 IPAK1	IOWA HEALTH SOLUTIONS IPA OF KANE COUNTY	\vdash			4	X X	x				
		+										

Availity's Elec	ctronic Data	Interchange (EDI) Health Plan Partners										
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
	41099	JOHN ALDEN/ASSURANT HEALTH CARE SERVICE CORPORATION				3	X	X				
	80314 52189	JOHN HANCOCK JOHN HOPKINS HEALTH CARE (EHP/PP)				2	X X	X X				
	52123	JOHN HOPKINS HEALTH CARE (USFHP)				2	x	x				
	38310	JOHN MORRELL				4	х	Х				
	JMH01	JOHN MUIR HEALTH NETWORK				3	X					
	37215 52123	JOHN P PEARL & ASSOCIATES JOHNS HOPKINS MEDICAL SERVICES CORP				2	X X	X X				
	43178	JOPLIN CLAIMS				2	X	X				
	34136	JP FARLEY CORPORATION				2	х	х				
	37272	JSL ADMINISTRATORS				2	Х	х				
	94135 94134	KAISER FOUNDATION HEALTH PLAN OF NORTHERN CA REGION KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA REGION				2	X X	X X				
	52095	KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA REGION KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES				3	X	X				
	93079	KAISER FOUNDATION OF THE NORTHWEST				2	X	X				
	21313	KAISER FOUNDATION PLAN OF GEORGIA				2	х	X				
\vdash	KS007 91617	KAISER NW REGION KAISER OF COLORADO				2	X	ν.				
		KAISER PERMANENTE (COLORADO PLANS ONLY EXCEPT COLORADO					Х	Х				
	COKSR	SPRINGS)				2	х					
	KSRCS	KAISER PERMANENTE (COLORADO SPRINGS ONLY)				2	Х					
	KS001	KAISER PERMANENTE (SO CAL ONLY)				3	X	-				
	57038 96385	KANAWHA INSURANCE CO. KANCARE (UNITEDHEALTHCARE COMMUNITY PLAN - KS)				2	X X	X X				
	KCIPA	KANE COUNTY IPA				4	x	x				
	KMG11	KATY MEDICAL GROUP			х	4	х	Х				
		KELSEY-SEYBOLD				3	X	X				
	73100	KELSEY-SEYBOLD (INSTITUTIONAL CLAIMS) KEMPTON COMPANY,KEMPTON GROUP ADM				3	X	X X				
	37217	KEY BENEFIT ADMINISTRATORS, INC. (INDIANAPOLIS, IN)				2	X	X				
	37321	KEY SELECT				2	X	X				
	23284	KEYSTONE FIRST				2	X	X				
	23045 34145	KEYSTONE HEALTH PLAN CENTRAL KLAIS & COMPANY				2	X X	x				
	KPS01	KPS HEALTH PLANS				4	X	X				
	27357	LACARE				2	х	х				
	44827	LAKE REGION COMMUNITY HEALTH PLAN				2	Х	X				
	44827 95415	LAKES AREA COMMUNITY HEALTH PLAN LAKESIDE HEALTH SERVICES				2	x x	X X				
	CALL	LANCASTER GENERAL HEALTH GROUP				2						Contact Chara Walcomuth at Drafforced Health Care at 717 500 0000 #104 for approval and power id
							х	x				Contact Sherry Wolgemuth at Prefferred Health Care at 717.560.9290 #124 for approval and payer id
	LNDMK	LANDMARK HEALTHCARE LAWNDALE CHRISTIAN HEALTH PLAN			х	2	X					See ERA section for further details on ERA enrollment
	36333 52193	LBA HEALTH PLANS				2	X X	X X				
	65055	LEON MEDICAL CENTER HEALTH PLAN				2	X	x				
	98205	LIFE & HEALTH INSURANCE COMPANY OF AMERICA				2	х					
	41136 RLH01	LIFE TRAC LIFEMAP				4	X	X				
	76870	LIFEMAP LIFEPATH HOSPICE				2	X X	X X				
	LIFE1	LIFEPRINT				2	x	Х				
 	61104	LIFESYNCH			х	3	X	х				
 	93093	LIFEWISE OF OREGON, A PREMERA HEALTH PLAN				2	Х					Click this link and complete the required EDI registration for Lipa/Agate:
	LIPA1	LIPA/AGATE RESOURCES		х		4	х					https://www.trilliumchp.com/providers.php.
	LCM1	LITTLE COMPANY OF MARY				3	х					
	35107	LOCAL 135 HEALTH BENEFITS FUND (INDIANAPOLIS, IN) LOMA LINDA UNIVERSITY ADVENTIST				2	X X	X X				
	37267 45289	LONE STAR TPA				2	X X	X X				
\$	60054	LOS ALAMOS TOTAL CARE (PRU)				2	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	68069	LOUISIANA HEALTHCARE CONNECTIONS			Х	3	Х	X				
	SX159	LOVELACE SALUD				2	х	x				Effective 8/1/2013, Lovelace Salud will no longer accept and process MEDICAID claims with dates of service on and after 8/1/2013. Please submit the MEDICAID claims with dates of service on and after 8/1/2013 to MOLINA HEALTHCARE OF NEW MEXICO- Salud - payer ID 9824. Please note that this only pertains to MEDICAID claims submitted to Lovelace payer ID SX159.
\vdash	36334 HCP01	MACNEAL HEALTH PROVIDERS - CHS MAGAN MEDICAL CLINIC				2	X	X				
	01260	MAGELLAN HEALTH SERVICES			х	4	X X	X X				
	11303	MAGNACARE				2	x	x				
		MAGNOLIA HEALTH PLAN	Ţ		Х	3	х	Х				payer ID 68062 may also be used
	25133 87726	MAILHANDLERS BENEFIT PLAN MAILHANDLERS MENTAL HEALTH CLAIMS			X X	2	X X	x				
	22195	MAKSIN MANAGEMENT CORPORATION			^	2	X X	X				
		-			,							

Availity's El	ectronic Data	Interchange (EDI) Health Plan Partners										
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
	35162	MANAGED CARE SERVICES				2	Х	х				
	68069 36312	MANAGED HEALTH CARE SERVICES - IN MANAGED HEALTHCARE ASSOC (MHCA)			х	3	X X	х				payer ID 39186 may also be used
												Contact MDOL EDI Submitter Enrollment at 888-499-5465 for Submitter Registration Information and
	22771	MANAGED HEALTH NETWORKS (MHN)				3	x	х				setup.
	22771	MANAGED HEALTH NETWORKS (MHN)				2	Х	х				
	68069	MANAGED HEALTH SERVICES - WI			x	3	X	x				payer ID 39187 may also be used
\$	60054	MARRIOTT				2	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	37121	MASHANTUCKET PEQUOT TRIBAL NATION				2	X	x				
\vdash	MMPHB	MASTERS, MATES AND PILOTS PLAN				3	X	х				
-	41154	MAYO MANAGEMENT SERVICES, INC. MBA BENEFIT ADMINISTRATORS			х	2	X	X				
 	87065 87065	MBA DE WYOMING	-			2	X X	×				
	02331	MCC BEHAVIORAL CARE				2	×	^				
	59331	MCCREARY CORPORATION				2	x	х				
	3833T	MCLAREN ABC-THPC				2	Х	х				
	3833N	MCLAREN ABW-NHP				2	Х	х				
	3833A	MCLAREN HEALTH ADVANTAGE				2	X	X				
	38338	MCLAREN HEALTH PLAN MCLAREN MEDICAID				2	X	х				
	3833C 3833R	MCLARENADVANTAGE SNP				2	X	X X				
	06118	MD HEALTH PLAN				2	Х	X				
	35199	MDWISE - SELECT HEALTH NETWORK				4	Х	x				
	35199	MDWISE - ST. CATHERINE HEALTH NETWORK				4	Х	х				
	35199	MDWISE - ST. MARGARET-MERCY HEALTH NETWORK				4	X	x				
	35199	MDWISE - ST. VINCENT HEALTH NETWORK				4	X	X				
	M3CA0001 M3CA1	MED3000 CALIFORNIA MED3000 CALIFORNIA AFFILIATED PHYSICIAN GROUP				4	X					
	M3FL0010	MED3000 CMS EARLY STEPS				4	X	x				
	M3FL0011	MED3000 CMS SAFETY NET				4	X	X				
	M3FL0014	MED3000 CMS TITLE 21				4	х	х				
	M3FL0003	MED3000 COVENTRY HEALTHY KIDS				4	X	X				
	M3IL0001	MED3000 HEALTHSELECT IPA BCBS				4	X	х				
	M3FL0009 M3FL0008	MED3000 HEALTHSPRINGS				4	X	v				
	M3FL0008 M3FL0006	MED3000 PEDICARE TITLE 19 MED3000 PEDICARE TITLE 21				4	X X	X X				
	M3IL0002	MED3000 SOUTHWEST IPA BCBS				4	x	^				
\$	60054	MEDCONNECTION (MARRIOTT)				2	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	56205	MEDCOST BENEFIT SERVICES (MBS)			Ш	2	X	х				
	56162 95321	MEDCOST, INC				2	X	х				
	95321 94265	MEDICA CHOICE (ALLINA)			v	2	X X	x				
	78857	MEDICA HEALTH CARE PLAN			^	2	X	^				
\$	77027	MEDICAID FLORIDA	x	x	x	3	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. To register for Florida Medicaid, first complete the Availity FL Medicaid Registration https://apps.availity.com/availity/documents/Availity.FL Medicaid Registration Instructions.pdf Once Florida Medicaid assigns your provider number, access the Availity portal, click Florida Medicaid Registration in the Value-Added Services section and follow the instructions. EDS will notify you within 30-45 days. Once you receive confirmation, you can receive files from the payer.
 	AIDID	MEDICAID IDAHO	x	¥	х	2	X	1			l	Contact 1.866.686.4272 to enroll in EDI.
\$	IL621	MEDICAID ILLINOIS (HFS)	x	x	^	4	x	х				Contact 1300:000-07-272 de entition in EDI: EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
\$	AIDKY	MEDICAID KENTUCKY	x	x	х	4	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Providers must complete Kentucky's MAP380 form prior to submitting transactions. Visit http://chfs.kv.gov/NNP/rdonlyres/F5C0E24B-5CEA-4B21-BADF-9C79E428F029/0MAP380Medicaid609.pdf to complete the required MAP380. Availity's submitter id = 9900004190.

Availity's F	lectronic Data	Interchange (EDI) Health Plan Partners										
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
\$	DPWMN	MEDICAID MINNESOTA	x	х	x	2	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Visit this link and complete the required EDI Submitter Enrollment Form: https://edocs.ghs.state.mn.us/ffserver/Public/DHS-4087-ENG Complete the 'Submitter Information' with the following: Submitter ID (UMP) - A268453200 Submitter Name – Availity LLC Address – 740 E Campbell Rd, Ste 1000, Richardson, TX 75081 Phone – 800.282.4548
\$	70029	MEDICAID MISSOURI	х		x	4	х	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
\$	CNTNM	MEDICAID NEW MEXICO	x			4+	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedelearinghouse@availity.com for further details. NPI required in all loops, EIN or SSN required in 2310A, 2310B, 2420A and 2420F
	PRESA	MEDICAID NEW MEXICO PRESBYTERIAN SALUD	х			4	x	x				Please add provider number in 2010AA REF02 "or" 2310B REF02. Provider number is 11 digits or less. Contact 888.863.3638, #6 then #2 to obtain ID.
\$	MMISODJFS	MEDICAID OHIO	x	х	х	4	x	х				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Please contact 1.800.686.1516 for EDI enrollment.
\$	86916	MEDICAID TEXAS	х			4#	х	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
\$	86916	MEDICAID TEXAS HEALTH STEPS	x			4#	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. NPI - No REF 0B.
\$	AIDVA	MEDICAID VIRGINIA	x	x	x	4	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Providers must enroll with Virginia Medicaid prior to submitting transactions. For enrollment questions please call 1.888.829.5373. For providers needing help interpreting Virginia Medicaid policy and procedures and in resolving problems with individual claims please contact the Virginia Department of Medicaid Assistance Services (DMAS) "HELPLINE" at 804.786.6273. To reach the Virginia Medicaid EDI Helpdesk please call 1.866.352.0766.
\$	AIDWA	MEDICAID WASHINGTON PROVIDER 1	x	x		4	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Click this link and complete the required EDI enrollment for ProviderOne: https://www.waproviderone.org/ . Availity's ProviderOne Clearinghouse ID is 1054194. If you have questions, call 800.562.3022 ext. 16137
	37298	MEDICAL BENEFITS ADMINISTRATORS OF MARYLAND, INC.				2	X	X				
	74323 52181	MEDICAL BENEFITS MUTUAL MEDICAL DEVELOPMENT INTERNATIONAL				2 2 2	X X	X X				
	29076	MEDICAL MUTUAL OF OHIO				2	Х	x				
	BC004 CSMED	MEDICAL MUTUAL OF OHIO MEDICAL NETWORK OF COLORADO SPRINGS		-		3	X					
	58203	MEDICAL RESOURCE NETWORK				2	X X	x				
	38224	MEDICAL VALUE PLAN - MVP - OHIO				2	Х	X				
s	17003	MEDICARE DMERC REGION B (Covering: Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio and Wisconsin)	x	x	x	4*	х					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or a dvancedclearinghouse@availity.com for further details. New Electronic Providers (Form 1 and 3 required) http://apps.ngsmedicare.com/applications/CEDISupplierAuthForm.aspx Existing Electronic Enrolled Providers (Form 3 only) http://apps.ngsmedicare.com/applications/CEDISupplierAuthForm.aspx Form 1 - Complete the Submitter Industry (EDISupplierAuthForm.aspx Form 1- Complete the Submitter Industry (EDISupplierAuthForm.aspx) Submitter Status: Existing Submitter Region B Submitter ID C08495979, Region C Submitter ID C08495979, Region D Submitter ID C08495979, Submitter ID C08495979, Region D Submitter and/or Receiver Information as follows: Entity Name - Availity LLC, Operating as a - Clearinghouse, Region B Submitter ID C08495979, Region C Submitter ID C08495979, Region C Submitter ID C08495979, Region C Submitter ID C08495979, Region D Submitter ID C08495979, Region D Submitter ID C08495979, Region D Submitter ID C08495979, Region C Submitter ID C08495979, Region D Submi

Availity's El	lectronic Data	Interchange (EDI) Health Plan Partners										
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
s	18003	MEDICARE DMERC REGION C (Covering: Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, Virgin Islands, Virginia and West Virginia.)	х	x	х	4*	х					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. New Electronic Providers (Form 1 and 3 required) http://apps.ngsmedicare.com/applications/CEDIEnrollmentAgreement.aspx & http://apps.ngsmedicare.com/applications/CEDISupplierAuthForm.aspx. Existing Electronic Errorlied Providers (Form 3 nt) http://apps.ngsmedicare.com/applications/CEDISupplierAuthForm.aspx. Existing Electronic Errorlied Providers (Form 3 nt) http://apps.ngsmedicare.com/applications/CEDISupplierAuthForm.aspx. Form 1 – Complete the Submitter Information as follows: Submitter Status: Existing Submitter, Region B Submitter ID C08495979, Region C Submitter ID C08495979, Region D Submitter ID C08495979, Region D Submitter ID C08495979, Region D Submitter ID C08495979, Region B Submitter ID C08495979, Region D Submitter ID C08495979, Region B Submitter ID C08495979, Region D Submitter ID D08607230 Address - 740 E Campbell Rd, Ste 1000, Richardson, TX 75081, Contact Name - Availity Client Services, Contact Phone Number - 800.282 4548, Contact Emal = support@availity.com. Ordering provider name and number are required on every service line. The information must go in Loop 2420E, NM109. CGS now supports DMERC Region C, but the NGS enrollment forms are still to be used.
ş	19003	MEDICARE DMERC REGION D (Covering: Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, N. Mariana Island, Oregon, South Dakota, Utah, Washington, and Wyoming.)	x	x	x	4*	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. New Electronic Providers (Form 1 and 3 required) <a cont="" content="" ddocname:00004541"="" href="https://encounter.org/nct/en/en/en/en/en/en/en/en/en/en/en/en/en/</td></tr><tr><td>\$</td><td>04111</td><td>MEDICARE PART A COLORADO</td><td>x</td><td>x</td><td></td><td>3</td><td></td><td>x</td><td></td><td></td><td></td><td>EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Payer requires EDI enrollment. Visit this link and complete the required Novitas EDI Enrollment form: http://www.novitas-politions.com/weboenler/content/cont/UCM_Repositor/vluid/dDocName:00004541 Section E: COMPLETE THE VENDOR, BILLING SERVICE, AND/OR CLEARINGHOUSE INFORMATION: Who will be preparing the electronic claims? Select which applies to you. Do not enter Availity. Availity does not prepare claims. Who will be submitting the electronic claim files? Select Clearinghouse and enter Availity LLC. Section F: REQUEST TYPE: Select Add to existing submitter ID: 1937018
\$	09101	MEDICARE PART A FLORIDA	x	x	x	4*		x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Before submitting claims, you must do the following: 1. Complete the EMC change of information form. FCSO requires each provider to complete this form in advance of any changes affecting the provider's EDI connectivity to FSCO. The form is available at: http://medicare.fcso.com/EDI-forms/137486.pdf Enter all required data on the FAX coversheet and Enrollment Form Select EDI enrollment request and enter your Billing NPI Reason for Request – New Enrollment or Change Enrollment Line Of Business – Medicare A REQUEST TYPE Select - Add to existing submitter ID and enter P8467 as the submitter id Submit the completed form to FCSO. If you do not submit the completed form to FCSO, Availity will not be able to send claims to FCSO on your behalf. You will receive an acknowledgement from FCSO once your form is processed. After you receive the acknowledgement, you can begin sending your Florida Medicare Part A claims. Please contact your practice management system vendor if you need assistance adding this Payer ID to your system.
\$	12M08	MEDICARE PART A ILLINOIS			х	2		x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.

Availity's El	lectronic Data	Interchange (EDI) Health Plan Partners										
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
s	06201	MEDICARE PART A MINNESOTA NGS	x	x		3		х				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Please access enrollment forms through the links listed below. EDI Enrollment Agreement (New Provider) http://apps.ngmedicare.com/applications/edienrollmentagreement.aspx?CatID=1 Complete with the following: Submitter Status: Existing Submitter, Submitter ID: CH00033, Submitter Name: Availity, L.L.C., Submitter Type: Clearinghouse, Contractor Code: Part A NM 06101. The information needed to complete the "EDI Third-Party Provider Authorization Form". Name: Availity LLC, Operating as a: Clearinghouse, Submitter ID: CH00033, Address: 10752 Deerwood Park Blvd. #110. City: Jacksonville State: FL Zip: 32256, Contact Name: Client Services, Phone Number: 800-282-4548, Email address: support@availity.com . EDI Third-Party Authorization Form (New/Existing (only changing clearinghouses) Provider) http://apps.ngsmedicare.com/applications/ediproviderauthform.aspx?CatID=1 Must be enrolled for ERAs with Availity before selecting 835 for your ERAs to be delivered
\$	04211	MEDICARE PART A NEW MEXICO	x	x		3		x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Payer requires EDI enrollment. Visit this link and complete the required Novitas EDI Enrollment form: http://www.novitas-solutions.com/webcenter/content/contru/CMR repository/build/dDocName:00004541 Section E: COMPLETE THE VENDOR, BILLING SERVICE, AND/OR CLEARINGHOUSE INFORMATION: Who will be preparing the electronic claims? Select which applies to you. Do not enter Availity. Availity does not prepare claims. Who will be submitting the electronic claim files? Select Clearinghouse and enter Availity LLC. Section F: REQUEST TYPE: Select Add to existing submitter ID: 1937020
\$	04311	MEDICARE PART A OKLAHOMA	x	x		3		x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Payer requires EDI enrollment. Visit this link and complete the required Novitas EDI Enrollment form: http://www.novitas-solutions.com/webcenter/content/convIUCM Repository/Luid/dDocName:00004541 Section E: COMPLETE THE VENDOR, BILLING SERVICE, AND/OR CLEARINGHOUSE INFORMATION: Who will be preparing the electronic claims? Select which applies to you. Do not enter Availity. Availity does not prepare claims. Who will be submitting the electronic claim files? Select Clearinghouse and enter Availity LLC. Section F: REQUEST TYPE: Select Add to existing submitter ID: 1937021
\$	04411	MEDICARE PART A TEXAS	x	x		3		х				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Payer requires EDI enrollment. Visit this link and complete the required Novitas EDI Enrollment form: http://www.novitas-solutions.com/webcenter/content/conn/UCM Repository/Luid/dDocName:00004541 Section E: COMPLETE THE VENDOR, BILLING SERVICE, AND/OR CLEARINGHOUSE INFORMATION: Who will be preparing the electronic claims? Select which applies to you. Do not enter Availity. Availity does not prepare claims. Who will be submitting the electronic claim files? Select Clearinghouse and enter Availity LLC. Section F: REQUEST TYPE: Select Add to existing submitter ID: S00532
\$	02001	MEDICARE PART A WASHINGTON	x	x	4*	4*		х				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Visit this link and complete the required enrollment: https://connect.edissweb.com a. Company Name – Availity LLC b. Trading Partner Id – CH00033 c. Do not select Availity LLC to 'Manage Vendor' account The Assigned Submitter ID must go in Loop 1000A, NM109. For questions, call EDI Support Services at 800.967.7902.
\$	02102	MEDICARE PART B ALASKA	x	x	x	4*	х					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Visit this link and complete the required enrollment: https://connect.edissweb.com a. Company Name – Availity LLC b. Trading Partner Id – CH00033 c. Do not select Availity LLC to 'Manage Vendor' account The Assigned Submitter ID must go in Loop 1000A, NM109. For questions, call EDI Support Services at 800.967.7902.

Availity's E	lectronic Data	Interchange (EDI) Health Plan Partners										
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
\$	03102	MEDICARE PART B ARIZONA	x	x	x	4*	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Visit this link and complete the required enrollment: https://connect.edissweb.com a. Company Name – Availity LLC b. Trading Partner Id – CH00033 c. Do not select Availity LLC to 'Manage Vendor' account The Assigned Submitter ID must go in Loop 1000A, NM109. For questions, call EDI Support Services
\$	04112	MEDICARE PART B COLORADO	x	х		3	x					at 800_967.7902. EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Payer requires EDI enrollment. Visit this link and complete the required Novitas EDI Enrollment form: http://www.novitas-solutions.com/webcenter/content/cont/UCM_Repository/uuid/dDocName:00004541 Section E: COMPLETE THE VENDOR, BILLING SERVICE, AND/OR CLEARINGHOUSE INFORMATION: Who will be preparing the electronic claims? Select which applies to you. Do not enter Availity. Availity does not prepare claims. Who will be submitting the electronic claim files? Select Clearinghouse and enter Availity LLC. Section F: REQUEST TYPE: Select Add to existing submitter ID – Enter Submitter ID JBS00532
\$	09102	MEDICARE PART B FLORIDA	x	x	x	4*	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Before submitting claims, you must do the following: 1. Complete the EMC change of information form. FCSO requires each provider to complete this form in advance of any changes affecting the provider's EDI connectivity to FSCO. The form is available at: http://medicare.lcso.com/EDI forms/137486.pdf Enter all required data on the FAX coversheet and Enrollment Form Select EDI enrollment request and enter your Billing NPI Reason for Request – New Enrollment or Change Enrollment Line Of Business – Medicare B Complete all required data REQUEST TYPE Select - Add to existing submitter ID and enter P8467 as the submitter id Submit the completed form to FCSO. If you do not submit the completed form to FCSO, Availity will not be able to send claims to FCSO on your behalf. You will receive an acknowledgement from FCSO once your form is processed. After you receive the acknowledgement, you can begin sending your Florida Medicare Part A claims. Please contact your practice management system vendor if you need assistance adding this Payer ID to your system.
\$	02202	MEDICARE PART B IDAHO	x	x	x	4*	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@avality.com for further details. Visit this link and complete the required enrollment: https://connect.edissweb.com a. Company Name – Availity LLC b. Trading Partner Id – CH00033 c. Do not select Availity LLC to 'Manage Vendor' account The Assigned Submitter ID must go in Loop 1000A, NM109. For questions, call EDI Support Services at 800.967.7902.
\$	06102	MEDICARE PART B ILLINOIS NGS	x	x	x	3	х					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advanced/learinghouse@availity.com for further details. Please access enrollment forms through the following link: http://www.ngsmedicare.com/ngs/portal/ngsmedicare/welcomg 0s to the "Part B" column and select "EDT", Accept the attestation terms; and in the "Enrollment Information section select "Enrollment Forms and Information". Select the transactions the provider is authorizing Availity to exchange with NGS (837.26/277.835). You must already be enrolled for ERAs with Availity before selecting 835 for your ERAs to be delivered. If you are a new provider with NGS, please complete the "EDI Enrollment Form" and "EDI Third-Party Authorization Form" and "ERA Enrollment Form". If you are a current provider with NGS and you are only changing clearinghouses, then please complete only the "EDI Third-Party Authorization Form". The "ERA Enrollment Form" is always required if you are a new/existing provider making any changes to the 835 transactions. The information needed to complete the "EDI Enrollment Agreement Form": Submitter Status: Existing Submitter, Submitter ID: 70000, Submitter Nge. Colaringhouse, Contractor Code: Part B II. 06102: Part B MN 06202: Part B WI 06302 (depending on the payer for which you are enrolling). The information needed to complete the "EDI Third-Party Provider Authorization Form". Name: Availity LLC., Operating as a: Clearinghouse, Submitter ID: 70000, Address: 10752 Deerwood Park Bird. #110, City. Jacksonville State: FL Zip: 32256, Contact Name: Client Services, Phone Number: 800-282-4548, Email: support@availity.com

Availity's E	ectronic Data	Interchange (EDI) Health Plan Partners										
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
\$	08202	MEDICARE PART B MICHIGAN	х	x		4*	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Contact 877-567-7261 to enroll in EDI. The required Clearinghouse information needed to complete the EDI enrollment: Name: Availity LLC Address: 10752 Deerwood Park Blvd. #110 City: Jacksonville State: FL Zip: 32256 Contact: Client Services Contact Client 3ddress: support@availity.com Contact Email address: support@availity.com Contact Phone Number: 800-282-4548 WPS Submitter Number: 70000
ş	06202	MEDICARE PART B MINNESOTA NGS	x	x	x	3	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Please access enrollment forms through the following link: http://www.ngsmedicare.com/ngs/portal/ngsmedicare/welcome Go to the "Part B" column and select "EDI"; Accept the attestation terms; and in the "Enrollment Information section select "ETI"; Accept the attestation terms; and in the "Enrollment Information section select "ETI"; Accept the attestation terms; and in the "Enrollment Information section select "ETI"; Accept the attestation terms; and in the "Enrollment Information Availity before selecting 835 for your ERAs to be delivered. If you are a new provider with NGS, please complete the "EDI Enrollment Agreement Form" and "ETA Enrollment Form" is always required if you are a newlexisting provider with NGS and you are only changing clearinghouses, then please complete only the "EDI Ther-Party Authorization Form". The "ETA Enrollment Form" is always required if you are a newlexisting provider making any changes to the 835 transactions. The information needed to complete the "EDI Enrollment Agreement Form": Submitter Status: Existing Submitter, Submitter ID: 70000, Submitter Name: Availity, L.L.C., Submitter Type: Clearinghouse, Contractor Code: Part B II. 06102; Part B MN 06202; Part B WI 06302 (depending on the payer for with you are enrolling). The information needed to complete the "EDI Enrollment Form" information needed to complete the "EDI Enrollment Form" information needed to complete the "EDI Enrollment Form" information needed to complete the "EDI Enrollment Form" information needed to complete the "EDI Enrollment Form" information needed to complete the "EDI Enrollment Form" information needed to complete the "EDI Enrollment Form" information needed to complete the "EDI Enrollment Form" information needed to complete the "EDI Enrollment Form" information needed to com
\$	04212	MEDICARE PART B NEW MEXICO	x	х	x	3	х					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Payer requires EDI enrollment. Visit this link and complete the required Novitas EDI Enrollment form: http://www.novitas-solutions.com/webcenter/content/convol/M. Repositor/vuild/dDocName.00004541 Section E: COMPLETE THE VENDOR, BILLING SERVICE, AND/OR CLEARINGHOUSE INFORMATION: Who will be preparing the electronic claims? Select which applies to you. Do not enter Availity. Availity does not prepare claims. Who will be submitting the electronic claim files? Select Clearinghouse and enter Availity LLC. Section F: REQUEST TYPE: Select Add to existing submitter ID – Enter Submitter ID JBS00532
\$	04312	MEDICARE PART B OKLAHOMA	х	x	x	3	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Payer requires EDI enrollment. Visit this link and complete the required Novitas EDI Enrollment form: http://www.novitas-solutions.com/webcenter/content/connruCM_Repository/uuid/dDocName:00004541 Section E: COMPLETE THE VENDOR, BILLING SERVICE, AND/OR CLEARINGHOUSE INFORMATION: Who will be preparing the electronic claims? Select which applies to you. Do not enter Availity. Availity does not prepare claims. Who will be submitting the electronic claim files? Select Clearinghouse and enter Availity LLC. Section F: REQUEST TYPE: Select Add to existing submitter ID – Enter Submitter ID JBS00532
\$	02302	MEDICARE PART B OREGON	x	х	x	4*	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Visit this link and complete the required enrollment: https://connect.edissweb.com a. Company Name — Availity LLC b. Trading Partner Id – CH00033 c. Do not select Availity LLC to 'Manage Vendor' account The Assigned Submitter ID must go in Loop 1000A, NM109. For questions, call EDI Support Services at 800.967.7902.

Availity's E	lectronic Data	Interchange (EDI) Health Plan Partners										
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
\$	04412	MEDICARE PART B TEXAS	x	х	х	3	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Payer requires EDI enrollment. Visit this link and complete the required Novitas EDI Enrollment form: http://www.novitas-solutions.com/webcenter/content/convolt/QM. Repository/udid/DocName.00004541 Section E: COMP-LETE THE VENDOR, BILLING SERVICE, AND/OR CLEARINGHOUSE INFORMATION: Who will be preparing the electronic claims? Select which applies to you. Do not enter Availity. Availity does not prepare claims. Who will be submitting the electronic claim files? Select Clearinghouse and enter Availity LLC. Section F: REQUEST TYPE: Select Add to existing submitter ID - Enter Submitter ID JBS00532
\$	11302	MEDICARE PART B VIRGINIA	x	x		4*	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Click this link and complete the required enrollment. http://www.palmettogba.com/palmetto/providers.ns/f/Docs/Cal/Providers-Jurisdiction%2011%20Part%20B=EDI=Enrollment-89BLL317457open&navmenu=EDII InformationInformation Information necessary to complete the EDI Provider Information form: Section 2 - EDI Software Vendor Data, enter Proprietary. Section 3 - EDI Billing Service/Clearinghouse Data, enter Company Name: Availity LiL.C., Primary Contact: Availity Client Services, Phone: 1-800-282-4548, Submitter ID: S00532 For questions, call Palmetto GBA Technology Support Desk at 866.749.4301. Please note - Availity is not listed on the Palmetto GBA Part B Approved 5010 Errata Vendors list because Availity is not a software vendor. Availity is a clearinghouse who provides exemplary electronic service to the provider community. Palmetto GBA has granted Availity production approval for 5010 transactions. Providers using Availity to send claims to Palmetto GBA are not required to test.
\$	02402	MEDICARE PART B WASHINGTON	x	х	х	4*	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Visit this link and complete the required enrollment. https://connect.edissweb.com a. Company Name – Availity LLC b. Trading Partner Id – CH00033 c. Do not select Availity LLC to 'Manage Vendor' account The Assigned Submitter ID must go in Loop 1000A, NM109. For questions, call EDI Support Services at 800.967.7902.
\$	06302	MEDICARE PART B WISCONSIN NGS	x	x		3	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Please access enrollment forms through the following link: https://www.ngsmedicare.com/ngs/portal/ngsmedicare/welcome Go to the "Part B" column and select "EDI", "Accept the attestation terms; and in the "Enrollment Information section select "Enrollment Forms and Information". Select the transactions the provider is authorizing Availity to exchange with NGS (837.26/277.835). You must already be enrolled for ERAs with Availity before selecting 835 for your ERAs to be delivered. If you are a new provider with NGS, please complete the "EDI Enrollment Agreement Form" and "EDI Third-Party Authorization Form". The "ERA Enrollment Form" is always required if you are a newesting provider making any changes to the 835 transactions. The information needed to complete the "EDI Enrollment Agreement Form". Submitter Dis Clearinghouse, Contractor Code: Part B IL 06102; Part B MN 06202; Part B WI 06302 (depending on the payer for which you are enrolling). The information needed to complete the "EDI Third-Party Horvider Authorization Form". Name: Availity LLC, Operating as a: Clearinghouse, Submitter ID: 70000, Submitter Name: Availity LLC, Operating as a: Clearinghouse, Submitter ID: 70000, Address: 10752 Deerwood Park Bivd. #110, City: Jacksonville State: Ft. Zip: 32256, Contact Name: Client Services, Phone Number: 800-282-4548, Email address: support@availity.com.

Availity's El	ectronic Data	Interchange (EDI) Health Plan Partners										
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
\$		MEDICARE RAILROAD	x	x	x	4*	х					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Visit this link and complete the required enrollment. http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers-Railroad%20Medicare-EDI-Enrollment-TGM24F76317open. The following Availity information is necessary on page 9 of the Railroad Medicare EDI Enrollment Packet: Submitter ID - \$00532, ERN Receiver ID - ER0073, Submitter Name - Availity LLC, Owner Name - Lloyd Beesing, Type of Submitter - Clearinghouse, Contact Person - Client Services, Phone - 800-282-4546, Fax - 904-4773, Address - P.O. Box 550857, Jacksonville, FL 32255-0857, email-support@availity.com, Claim Submission Mode of Communication - Connect Direct, Request Response Format - File, Data Compression - PKZIP. On page 16, check "Electronic Claims Submissions" and complete the remaining fields with your information. Contact the RR EDI help desk 866.749.4301, or email medicare.edi@palmettogba.com for questions.
	23160 13123	MEDICO INSURANCE COMPANY MEDIGOLD PPO				2	X	X				
		MEDPARTNERS ADMIN SERVICES				2	X X	X X				
	35205	MEDPARTNERS ADMIN SERVICES (IN)				2	Х	х				
		MEDSOLUTIONS, INC.				3	X	X				
		MEDSTAR FAMILY CHOICE MEMORIAL CLINICAL ASSOCIATES			х	4	X X					
	MHHNP	MEMORIAL HERMANN HEALTH INSURANCE COMPANY				4*	X	х				Formerly Mhealth
		MEMORIAL HERMANN HEALTH SOLUTIONS MEMORIAL INTEGRATED HEALTHCARE				4* 2	X	X				Formerly Mhealth
	59064 59065	MEMORIAL INTEGRATED HEALTHCARE MEMORIAL INTEGRATED HEALTHCARE				2	X X	X X				
	HCP01	MEMORIAL MEDICAL GROUP				2	X	x				
	74289	MENTAL HEALTH NETWORK (MHNET)				2	Х	x				
1	86052	MERCY CARE PLAN				2	X	X				Medicaid managed care. For EDI support, please e-mail edi.horizonnjhealth@kmhp.com; formerly
	22326	MERCY HEALTH PLAN OF NJ		Х		2	Х	x				Horizon Mercy Health Plan
	MER11	MERCY HEALTH PLANS				2	X	X				
	13189 14145	MERIDIAN HEALTH PLAN MERIDIAN HEALTH PLAN OF IOWA				4	X X	X X				
		MERIDIAN HEALTH PLAN OF MICHIGAN				4	X	X				
	64157	MERITAIN HEALTH MESA MENTAL HEALTH				2	X	X				Formerly know as North American Administrators
	85035 87726	MET LIFE			х	2	X X	x				
	65113	METCARE HEALTH PLANS			~	2	X	x				
	62168	METHODIST ASSOC HEALTH PLAN				2	X					
	80314 13265	METHODIST CARE METRO PLUS HEALTH PLAN				2	X X	X				
	10850	METROPOLITAN HEALTH PLAN (MHP)			х	2	X	x				
		METROPOLITAN LIFE INS CO			х	2	X	X				
 	MWP01 92579	METROWEST HEALTH PLAN-PREFERRED CARE MIAMI BEHAVIORAL HEALTH			\vdash	2	X X	X X				
		MICHAEL REESE HMO			х	2	X	X				
	37281	MID-AMERICA ASSOCIATES, INC.			lacksquare	2	х	x				
	90956 47080	MIDLAND NATIONAL LIFE INSURANCE CO MIDLANDS CHOICE			\vdash	2	X X	×				
	61146	MIDWEST GROUP BENEFITS				2	X	X				
	59224	MIDWEST NATIONAL LIFE INS CO - TN				2	Х	х		-		
	79480 MPMG1	MIDWEST SECURITY MILLS PENINSULA MEDICAL GROUP				3	X X	X				
\$	60054	MINNEAPOLIS PRUDENTIAL				2	x	х				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availify.com for further details.
		MINNESOTA DEPARTMENT OF HEALTH			lacksquare	4	х	x				
		MISSISSIPPI SELECT HEALTH CARE MISSOULA COUNTY MEDICAL BENEFITS PLAN			\vdash	2	X Y	X Y				
		MODA HEALTH			х	3	X					formerly ODS Health Plan
	13350	MODA HEALTH			х	2		X		-		formerly ODS Health Plan
		MOLINA HEALTHCARE OF CALIFORNIA MOLINA HEALTHCARE OF FLORIDA				2	X Y	X				
	38334	MOLINA HEALTHCARE OF FLORIDA MOLINA HEALTHCARE OF MICHIGAN				2	X X	X X				
	09824	MOLINA HEALTHCARE OF NEW MEXICO				2	x	x				
	20149	MOLINA HEALTHCARE OF OHIO			lacksquare	2	X	x				
		MOLINA HEALTHCARE OF TEXAS MOLINA HEALTHCARE OF WASHINGTON			\vdash	2	X X	X X				
		MOLINA HEALTHCARE OF WASHINGTON MOLINA HEALTHCARE OF WISCONSIN				2	X	X				
	20934	MOLINA ILLINOIS				1	Х	х				
	50749	MONDIAL ASSISTANCE			ь Н	2	X	X			l	

Availity's Ele	ectronic Data	a Interchange (EDI) Health Plan Partners										
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
	13174 MMLI6	MONTEFIORE CONTRACT MANAGEMENT ORG. MONUMENTAL LIFE INS CO - BALTIMORE				4	X X	x x				Cancer
	MMLI7	MONUMENTAL LIFE INS CO - BALTIMORE				4	X	X				Cancer
	MMLI9	MONUMENTAL LIFE INS CO - PLANO				4	x	x				Major Medical/Cancer
	MMLI5	MONUMENTAL LIFE INS CO - SCRANTON				4	х	х				Med Supp
	MMLI4	MONUMENTAL LIFE INS CO - VALLEY FORGE				4	х	X				Med Supp
	MMLI3	MONUMENTAL LIFE INS CO (HURST, TX)				4	Х	X				Long Term Care
	MMLIC	MONUMENTAL LIFE INS CO (LITTLE ROCK, AR)				4	x	x				Accident only, Cancer only, First occurrence invasive cancer, Heart disease attack or stroke only, Hospital confinement indemnity, Hospital intensive care
	MPI01	MOTION PICTURE INDUSTRY PENSION AND HEALTH PLAN				3	X	x				Hospital confinement indemnity, Hospital intensive care
	86040	MOUNTAIN STATES ADMINISTRATIVE SERVICES				2	x	x				
	80900	MPA - CUSTOM PROVIDER NETWORK				2	x	x				
	37233	MPE EMPLOYEE BENEFIT SERVICES, INC.				2	Х	х				
	95444	MPLAN, INC/HEALTHCARE GROUP, LLC				2	Х	X				
	95655	MT. CARMEL HEALTH PLAN				2	Х	х				
 	34080	MULTIPLAN WISCONSIN PREFERRED PROVIDER NETWORK (WPPN)	-		\vdash	4	X	X				
 	81883 37256	MUNICIPAL HEALTH BENEFIT FUND MUTUAL ASSURANCE ADMINISTRATORS			\vdash	2	X X	x x				
	70408	MUTUAL BENEFIT LIFE (MBL)				2	X	x				
	71412	MUTUAL OF OMAHA				2	X	x				
	71412	MUTUALLY PREFERRED				2	х	x				For your MVP Provider number, call (800) 684-9286.
	14165	MVP HEALTH PLAN OF NY		Х		3	Х	X				
	01757	MWA AMFIRST INSURANCE				3	Х	X				
	01759 01758	MWA MONITOR LIFE INSURANCE MWA STANDARD LIFE AND ACCIDENT			1	3	X X	X X				
	91136	N.W. IRONWORKERS HEALTH & SECURITY HEALTH FUND				2	X	×				
	91136	N.W. ROOFERS & EMPLOYERS HEALTH & SECURITY TRUST FUND				2	x	x				
	91136	N.W. TEXTILE PROCESSORS				2	х	х				
	65085	NAA - NORTH AMERICAN ADMINISTRATORS (NASHVILLE, TN)				2	х	Х				
	NANPR	NAMM PARTNERS, INC				2	X	X				
	58182 56176	NAPHCARE NATIONAL BENEFIT ADMIN. – N.C.				2 4	X X	x x				
	56175	NATIONAL BENEFIT ADMINISTRATORS – NEW JERSEY				4	X	x				
	90956	NATIONAL FINANCIAL INSURANCE COMPANY				2	x	^				
	98205	NATIONAL FOUNDATION LIFE INSURANCE COMPANY				2	Х					
	NIA11	NATIONAL IMAGING ASSOCIATES			х	4	Х	Х				
	52132 53011	NATIONAL RURAL ELECTRIC COOP (NRECA) NATIONAL RURAL LETTER CARRIER ASSOC (NALC)			+	2	X	X X				
	NTA11	NATIONAL RORAL LETTER CARRIER ASSOC (NALC) NATIONAL TEACHERS ASSOCIATION (NTA)				2	X	X				
	52103	NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION (NTCA)				2	x	x				
	52104	NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION (NTCA) -				2		x				
		STAFF MEMBERS					х					
	31417	NATIONWIDE SPECIALTY HEALTH				2	Х	х				
	19191 75191	NATIVE CARE HEALTH, LLC NCAS - CHARLOTTE, NC				2	X X	X				
	75190	NCAS - CHARLOTTE, NC NCAS - FAIRFAX, VA				2	X	x x				
	95123	NEIGHBORHOOD HEALTH PARTNERSHIP				2	X	X				
	96107	NEIGHBORHOOD HEALTH PARTNERSHIP OF FLORIDA				2	Х	х				
—	04293	NEIGHBORHOOD HEALTH PLAN				3	х	х				
—	05047	NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND (NHPRI)	-		\vdash	2	X					
 	11325 37255	NEIGHBORHOOD HEALTH PROVIDERS NESIKA HEALTH GROUP	-		+	2	X X	x x				
	66055	NETCARE LIFE AND HEALTH INSURANCE				2	X	X				
	04332	NETWORK HEALTH				2	X	X				
	77076	NETWORK HEALTH INS CORP - MEDICARE			LΠ	2	х	х				
\vdash	39144	NETWORK HEALTH SOLUTIONS				2	X					
 	95998	NEW AVENUES NEW ENGLAND FINANCIAL				2	X	X				
—	80705 75281	NEW ERA LIFE INSURANCE COMPANY			Х	2	X X	X X				
	76031	NEW ERA WELFARE BENEFIT PLAN TRUST			┖┪	2	X	x				
	65056	NEW MARKET DIMENSIONS			LΠ	2	х	х				
	45129	NEW MEXICO HEALTH CONNECTIONS				2	х	х				
\$	NYL11 14179 11334	NEW YORK LIFE - LTC NEW YORK MEDICAL IMAGING - MVP NEW YORK NETWORK MANAGEMENT				4	x x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	38225	NGS AMERICAN, INC.			\vdash	2	X	x				
	81264	NIPPON LIFE INSURANCE CO				2	x	x				
	34159	NORTH AMERICA BENEFITS NETWORK				2	х	х				Name has changed to Meritain Health
	64157	NORTH AMERICAN ADMINISTRATORS				2	х	x				Only claims from providers in Northern California. Please contact the EDI Dept for North American Medical Management (NAMM) - Northern California Lead/Supervisor at 800.956.8000 prior to initial submission of claims.
	E3510	NORTH AMERICAN ADMINISTRATORS		Х		2	х					
	36392	NORTH SUBURBAN ASSOCIATED PHYS	 		1	2	х	х				

Availity's El	lectronic Data	Interchange (EDI) Health Plan Partners										
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Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI O	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
	44827	NORTHEAST IOWA COMMUNITY HEALTH PLAN				2	X	х				
	38238 36347	NORTHERN CALIFORNIA SHEET METAL WORKERS INSURANCE PLAN NORTHERN ILLINOIS HEALTH PLAN				2 2	X X	x				
	88027	NORTHERN ILLINOIS HEALTH PLAN NORTHERN NEVADA TRUST FUND				2	X	X				
	48026	NORTHSHORE PHYSICIAN ASSOCIATES				2	x	x				
	10850	NORTHSTAR ADVANTAGE (MHP)			х	2	X	х				
	35199	NORTHWEST COMMUNITY HEALTH PARTNERS				4	X	Х				Use this payer ID for claims with a Date of Service after 1/1/2013.
	62119 NPN11	NORTHWEST DIAGNOSTIC CLINIC NORTHWEST PHYSICIANS NETWORK			х	4	X	X				
	36346	NORTHWEST PHYSICIANS NETWORK NORTHWEST SUBURBAN IPA (ILLINOIS)				3	X X	X X				
	16114	NOVA CASUALTY CO.				2	x	x				
	16644	NOVA HEALTH ADMIN. (GRAND ISLAND, NY)				2	X	х				
	06226	NOVANET				2	X					
	68069	NOVASYS HEALTH				4	X	х				
1	37299 91135	NYHART NYLCARE ETHIX NORTHWEST	1		\vdash	2	Х	x x				
	14180	NYMI OXFORD			1	3	x					
	NAOAK	OAK WEST PRIMARY PHYSICIANS ASSOCIATION		L	LT	2	x	х				
	13350	OEA CHOICE TRUST				3	Х	х				
	OBA18	OGDEN BENEFITS ADMINISTRATION	1		\vdash	2	X	X				
	34189 95435	OHIO HEALTH CHOICE, PPO OHIO HEALTH GROUP	-			2	X	Х				Formerly named as Health Pledge HMO.
	25150	OMNICARE, A COVENTRY HEALTH PLAN				3	X X	x				Formerly harned as nealth Fledge filmo.
	22321	ONE CALL MEDICAL				2	x	x				
	80705	ONE HEALTH PLAN (ALL 50 STATES)			х	2	X	X				
	95379	ONE HEALTH PLAN OF CALIFORNIA, INC			х	2	X	х				
	95569	ONE HEALTH PLAN OF GEORGIA, INC			х	2	X	х				
	95388 91136	ONE HEALTH PLAN OF ILLINOIS, INC OPERATING ENGINEERS LOCALS 302 & 612 HEALTH & SECURITY FUND			Х	2	X	X				
	56190	OPTICARE EYE HEALTH NETWORK				2	X X	X				
	52152	OPTIMUM CHOICE OF THE CAROLINAS				2	x					
	41194	OPTUMHEALTH CARE SOLUTIONS, FORMERLY U.R.N.				2	Х	х				
\$	AIDOR	OREGON DHS OMAP/DMAP (MEDICAID)	x	x		2	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Click this link and complete the required enrollment forms: In: http://www.oregon.gov/OHA/edi/Pages/reg_lesting.aspx . Mail completed enrollment forms to: Availity LL.C., Attr. Contracts and Legal, 10752 Deerwood Park Blvd S, Ste 110 Jacksonville, FL 32256. Secondary claims are not accepted electronically. Availity submitter ID: MB000026
\$	13383	ORTHANET - AETNA				2	х	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. Orthonet provider id is required in billing provider (2010AA) loop.
	13381	ORTHONET CORPORATION – CIGNA			LΠ	2	Х	х				
1	OSFMC	OSF CARE ADVANTAGE			\vdash	2	X					
	62171 CLFR2	OSF HEALTH PLAN OSMA HEALTH			\vdash	3	X	X				
	OLRMC	OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER (OLOLRMC)			\vdash	2	X X	X				
	06111	OXFORD HEALTH PLANS				2	x	х				
	87068	P5 HEALTH PLAN SOLUTIONS OF UTAH				2	Х	х				
\$	60054	PACIFIC GAS AND ELECTRIC (PG &E)				2	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
1	87726	PACIFICARE - COLORADO PACIFICARE / SECURE HORIZONS	1		\vdash	2	X X	x				Effective 8/20/12, payer ID 95959 will no longer be valid. Please use payer ID 87726.
	87726	PACIFICARE / SECURE HURIZONS PACIFICARE OF ARIZONA			1	2	X X					Effective 8/20/12, payer ID 95959 will no longer be valid. Please use payer ID 87726. Effective 8/20/12, payer ID 95964 will no longer be valid. Please use payer ID 87726.
	87726	PACIFICARE OF CALIFORNIA - HMO	L	L	上一	2	x	х				Effective 8/20/12, payer ID 95964 will no longer be valid. Please use payer ID 87726.
	87726	PACIFICARE OF COLORADO				2	Х	х				Effective 8/20/12, payer ID 95962 will no longer be valid. Please use payer ID 87726.
	87726	PACIFICARE OF OKLAHOMA - HMO (CLAIMS)	1		\sqcup	2	X	х				Effective 8/20/12, payer ID 95959 will no longer be valid. Please use payer ID 87726.
	87726 87726	PACIFICARE OF OREGON - HMO (CLAIMS) PACIFICARE OF TEXAS - HMO (CLAIMS)	1	-	\vdash	2	X X	X X				Effective 8/20/12, payer ID 95959 will no longer be valid. Please use payer ID 87726. Effective 8/20/12, payer ID 95959 will no longer be valid. Please use payer ID 87726.
	87726	PACIFICARE OF TEXAS - HIMO (CLAIMS) PACIFICARE OF WASHINGTON	1		\vdash	2	X X	X				Effective 8/20/12, payer ID 95959 will no longer be valid. Please use payer ID 87726. Effective 8/20/12, payer ID 95959 will no longer be valid. Please use payer ID 87726.
		PACIFICARE PPO - ALL STATES				2	X	x				Effective 8/20/12, payer ID 95962 will no longer be valid. Please use payer ID 87726.
	93029	PACIFICSOURCE HEALTH PLANS				2	x	x				
	20377	PACIFICSOURCE MEDICARE			$oxed{\Box}$	2	X					
	58174	PARAGON BENEFITS, INC.	1		\vdash	2	X					
 	66917 13141	PARKLAND COMMUNITY HEALTH PLAN PARTNERS BEHAVIORAL HEALTH MANAGEMENT				2	X	X				
	61129	PASSPORT HEALTH PLAN			Х	2	X X	x x				
	PAN01	PATIENT ACCESS NETWORK				4	x					Providers need to enter their Group Number in the 2000B SBR03 (Group or Policy Number) field.
	10525	PATIENT ADVOCATES, LLC	1		\vdash	2	X	X				
H	22149 27048	PAYER COMPASS KERN COUNTY PAYER FUSION	1		\vdash	2	X X	X				
	37210	PAYNET, INC			\vdash	2	X	x				
		•					*					

Availity's Ele	ectronic Data	Interchange (EDI) Health Plan Partners										
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
	65018	PCA HEALTH PLAN OF FLORIDA				3	Х	X				
	95885	PCA HEALTH PLANS OF TEXAS (HUMANA)			х	3	Х	X				
	68069	PEACH STATE HEALTH PLAN			х	3	X	X				payer ID 68049 may also be used
	37086	PEKIN INSURANCE				4	X	X				
	72126	PEOPLE'S HEALTH NETWORK				2	Х	X				
	25133	PERSONALCARE PERSONALCARE			_	2	Х	X				
	25146 PHIF4	PHIFER WIRE PRODUCTS, INC.				2	X	X				
	22729	PHOENIX HEALTH PLAN (MEDICARE)				2	X X	X X				
	74647	PHOENIX HEALTH PLAN MEDICAID			×	2	X	X				
	67814	PHOENIX HOME LIFE			^	2	x	^				
	67814	PHOENIX MUTUAL				2	X					Payer ID is valid as of 4/5/2013
	37330	PHYSICIAN HEALTH PLAN (PHP)				2	х	х				7
		, ,										EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse
\$	PCN12	PHYSICIANS CARE NETWORK (POLYCLINIC)				2	х	х				enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	37136	PHYSICIANS HEALTH ASSOCIATION OF ILLINOIS				2	Х	X				
	PHCS1	PHYSICIANS HEALTH CHOICE - CLAIMS				4	Х	X				
	20398	PHYSICIANS HEALTH COLLABORATIVE	-		-+	2	Х	X		-		
	37330	PHYSICIANS HEALTH PLAN OF MID MICHIGAN (MEDICAID AND COMMERCIAL CLAIMS)				2	x	x				
+	12399	PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA	+		-	2	X	x	-			
	65031	PHYSICIANS HEALTHCARE PLANS				2	X	^				
	47027	PHYSICIANS MUTUAL INSURANCE COMPANY				2	X					
	39156	PHYSICIANS PLUS INS. CORP				2	X	X				
	PPMO1	PINNACLE PHYSICIAN MANAGEMENT ORG			х	4	X	X				
	84109	PINNACOL ASSURANCE				2	•	X				
	CCIA1	PINNACOL ASSURANCE				2	х					
	37224	PITTMAN & ASSOCIATES				2	Х	X				
	37287	PLANNED ADMINISTRATORS, INC.				2	X	X				
	POD1S	PODIATRY FIRST				2	X					
	POD1ST	PODIATRY FIRST				2	X					
	32680 16111	POLY AMERICA MEDICAL BENEFITS PLAN				2	X	X				
	73159	POMCO PPO OKLAHOMA				2	X X	X X				
	72148	PPO PLUS LLC				2	X	X				
	PPOM1	PPOM				3	X	^				
	36373	PRAIRIE STATES ENTERPRISES, INC.				2	х	х				
	EPF10	PREFERRED ADMINISTRATORS		х	х	2	х	х				Please contact Provider Relations at (915)-532-3778 x1507 to enroll.
	EPF11	PREFERRED ADMINISTRATORS - CHILDREN'S HOSPITAL			х	2	X	X				Please contact Provider Relations at (915)-532-3778 x1507 to enroll.
	61665	PREFERRED BENEFIT ADMINISTRATOR (WICHITA, KS)				2	X	X				
	53476	PREFERRED BENEFIT ADMINISTRATORS (LONGWOOD, FL)				2	х	х				This payer processes claims for Florida only. Please check the address on the member's ID card before submitting claims electronically.
 	65088	PREFERRED CARE PARTNERS IN FL				2	X	X				
 	73145	PREFERRED COMMUNITY CHOICE PREFERRED HEALTH PLAN				2	X	X				
+	61106 31478	PREFERRED HEALTH PLAN PREFERRED HEALTH PROFESSIONALS	+		-	2	X X	X X				
	60110	PREFERRED HEALTH SYSTEMS	1			2	X	X				
	PMP01	PREFERRED MEDICAL PLAN	х			4	X	X				
	36401	PREFERRED NETWORK ACCESS, INC. (DARIEN, IL)				2	X	X				
	60110	PREFERRED PLUS OF KANSAS (PPK)				2	Х	Х				
	41147	PREFERREDONE (MN)			х	2	X	X				
\$	00934	PREMERA BLUE CROSS - AK				2	x					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
\$	00934	PREMERA BLUE CROSS - WA				2	х					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advanced/clearinghouse@avsility.com for further details.
	65054	PREMIER EYE CARE				2	х	х				g
	PREHP	PRESBYTERIAN HEALTH PLAN (COMMERCIAL)				4	x	X				
	39185	PREVEA HEALTH INSURANCE PLAN				4	Х	х				
	NAPCP	PRIMARY CARE PARTNERS				3	Х	Х				
	PRIME	PRIMARY HEALTH PLAN				3	Х	X				
1	56144	PRIMARY PHYSICIAN CARE, INC	-			2	X	X				
 	UH015	PRIME CARE HEALTH PLAN	-		-	3	X					Daver Id has shapped from 04220 to 22266
+	56190 IP079	PRIME VISION HEALTH PLAN PRIMECARE MED NETWORK - NAMM	+		-	2	X	*	1			Payer Id has changed from 04320 to 23266
	23266	PRIMESOURCE HEALTH NETWORKS				2	X X	X X				
 	61604	PRIMESOURCE HEALTH NETWORKS PRIMEWEST HEALTH PLAN	-		x	2	X	X				
	PRI01	PRINCETON PREMIER IPA			^	4	X	^				
	61271	PRINCIPAL FINANCIAL GROUP				2	X					
	38217	PRIORITY HEALTH				2	X					
	37315	PRISM - UNIVERA				2	х	X				
	37268	PRISM NETWORK, INC.	_			2	Х					
	13306	PRIVATE HEALTH CARE (PHCS SAVILITY)				4	Х	X	1	l		

Availity's El	octronic Data	Interchange (EDI) Health Plan Partners										
Availity 5 El	ectionic Data	interchange (EDI) health Flan Farthers	_									
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
	36331	PROFESSIONAL BENEFIT ADMINISTRATORS, INC. (OAK BROOK, IL)				2	X	Х				
	37242	PROFESSIONAL CLAIMS MANAGEMENT				2	X	х				Payer ID effective starting 4/5
	34134	PROFESSIONAL RISK MANAGEMENT				2	X	х				
	PHHMO	PROGRESS HEALTH HMO				3	X	Х				
	PHP01	PROVIDENCE CHOICE OPTION				3	X					
	PHP01	PROVIDENCE GOOD HEALTH PLAN PROVIDENCE HEALTH PLAN (PPO)				2	X					
	PHP00 PAS01	PROVIDENCE INSURANCE AND ADMIN SERVICE				3	X					
	71404	PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY				2	X X	X X				
	68195	PROVIDENT LIFE AND ACCIDENT INS	_			2	X	x				
\$	60054	PRUDENTIAL (ALL PLANS)				2	х	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse entitlement for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	91136	PUGET SOUND BENEFITS TRUST				2	X	X				
 	91136	PUGET SOUND ELECTRICAL WORKERS	-	-	+	2	X	X				
-	42172	PUGET SOUND HEALTH PARTNERS	-		\vdash	2	X	X				
\vdash	44827 39197	QUAD CITIES COMMUNITY HELATH PLAN QUADMED (WEST ALLIS, WI)	+			2	X X	X X				
 	35174	QUAL CHOICE OF ARKANSAS	+	-	+	2	X X	X			l	
	QHPNY	QUALITY HEALTH PLANS OF NEW YORK	_			2	X	x				
	QUANM	QUAL-MED NEW MEXICO	1			2	X	x				
	QMDCE	QUAL-MED, COLORADO EPO				2	X	**				
	QMDPO	QUAL-MED, PORTLAND (PO)				2	х					
	QCTPA	QUANTUM CARE TPA				3	х	x				
	RPAWC	RAVENWOODS PHYSICIAN ASSOCIATES				3	Х	Х				
	91176	RBMS, LLC				2	X	x				
	00851	REGENCE BLUECROSS BLUESHIELD OF OREGON			х	4	X	x	x	x		
	00910	REGENCE BLUECROSS BLUESHIELD OF UTAH			х	4	X	X	X	х		
	00932	REGENCE BLUESHIELD (WA)			х	4	X	Х	Х	X		
	00611	REGENCE BLUESHIELD OF IDAHO REGENCY EMPLOYEE BENEFITS			Х	4	X	X	х	Х		
	38221 47076	REGIONAL CARE, INC.				2	X X	X X				
	20481	RESOLVE HEALTH PLAN ADMINISTRATORS				4	X	X				
	RPPG1	RESURRECTION PHYSICIAN PROVIDERS GROUP			х	4	x	x				
	CHAT1	REUNION INDUSTRIES				2	X	x				
	74205	RIGHT CARE FROM SCOTT & WHITE				2	х	х				
	84980	RIO GRANDE HMO				4	X	X				
	16117	RMSCO				2	X	x				
	36339	RUSH HEALTH ASSOCIATION				2	X	X				
\$	60054	RUSH PRUDENTIAL				2	х	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
\vdash	36389	RUSH PRUDENTIAL HMO	1	-	-	2	X	X				
H	63070 31441	RWDSU BENEFIT FUND	+		1	2	X	X X	1		 	
 	35164	S & S HEALTHCARE STRATEGIES SAGAMORE HEALTH NETWORK	+	-	+	2	X X	X			l	
	37105	SAGE TECHNOLOGIES	+			2	X	X				
	62308	SAMBA	1			2	x	x				
	68069	SANDATA				3	X	x				
\$	60054	SANDIA TRIPLE OPTIONAL PLUS				2	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
 	91184 63665	SANFORD HEALTH PLAN SANUS- HMO/PPO ST LOUIS	-		×	2	X	X				
					X		X	X				Enrollment for contracted providers - Mayra Martinez - 254.298.3278. Enrollment for non-contracted
	16146	SCHC TOTAL CARE				2	х					providers - Tracy Tharp 254.298.3274.
	88030	SCOTT & WHITE HEALTHCARE				2	x	x				Non-contracted providers need to fill out an EDI Intake Form before filing claims to SWHP for the first time. The EDI Intake Form (https://swhp.org/sites/default/files/837EDI IntakeForm_0.pdf) is for S&W's Configuration team to enter your provider information into their claims adjudication system. The EDI Authorization Form allows you to sign up to submit and receive certain HIPPA transactions. Patients' Member Identification Numbers must be complete (and include the two-digit suffix) for a claim to be accepted electronically.
	28530	SECURE HEALTH PLANS OF GEORGIA, LLC				2	х	х				
	39045	SECURITY HEALTH PLAN			ullet	2	X	х				
	35098	SEECHANGE HEALTH INSURANCE				2	Х	х				
	64088	SELECT ADMINISTRATIVE SERVICES (SAS)	1		-	2	X	X				
	42137	SELECT BENEFIT ADMINISTRATORS (DES MOINES, IA)	+			2	X	X				
\vdash	93031 37282	SELECT BENEFIT ADMINISTRATORS INC. SELECT BENEFIT ADMINISTRATORS OF AMERICA (ASHLAND, WI)	+			2	X	X				
	35199	SELECT BENEFIT ADMINISTRATORS OF AMERICA (ASHLAND, WI)	+			4	X X	X X				
	23285	SELECT HEALTH OF SOUTH CAROLINA	1			2	X	x				
	00014	SELECTCARE		L		2	X	x				
	SCOK1	SELECTCARE OF OKLAHOMA			Х	4	х	х				
	GTPA1	SELECTCARE OF TX (BEAUMONT)			Х	4	х	х				

Availity's Ele	ectronic Data	ı Interchange (EDI) Health Plan Partners										
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
	HPN11 KLSY1	SELECTCARE OF TX (HOUSTON) SELECTCARE OF TX (KELSEY-SEYBOLD)			X X	4	X X	X X				
	36404	SELF INSURED PLANS				2	X	X				
	34131	SELF-FUNDED PLANS (OHIO)				2	X	X				
	36426	SENDERO HEALTH PLAN				2	Х	х				
	83035	SENIOR WHOLE HEALTH				2	х	х				
	54154	SENTARA HEALTH MANAGEMENT SENTINEL MANAGEMENT SERVICES	-			2	X	х				
	23249 39033	SENTRY INSURANCE A MUTUAL COMPANY				2	X X	x				
	39033	SENTRY LIFE INSURANCE COMPANY				2	x	x				
	SHEBP	SETON EMPLOYEE PLAN ARCHIVE				4	x	x				
	SHMAP	SETON HEALTH PLAN - MAP PROGRAM				4	х	x				
	SHPCH	SETON HEALTH PLAN (CHIP)				4	X	х				
	STAR1	SETON STAR SHASTA ADMINISTRATIVE SERVICES				2	X	X				
	75280 41143	SHEFFIELD, OLSON, & MCQUEEN, INC.	+			2	X X	X X				
	SC359	SHERMANCHOICE				2	X	^				
	76342	SIERRA HEALTH SERVICES (CLAIMS)				2	X	х				
	76343	SIERRA HEALTH SERVICES (ENCOUNTERS)				2	х					Encounters only
1	23250	SIGNIFICA BENEFITS SERVICES INC	1		\vdash	2	X	X				
	00199 SINAI	SIMPLY HEALTHCARE PLAN SINAI MEDICAL GROUP	-		\vdash	3	X X	X X				
	84076	SINCLAIR HEALTH PLAN				2	×	×				
	00540	SISCO				2	X	X				
	84096	SLOAN'S LAKE MANAGED CARE				2	х	х				
	02057	SMITH ADMINISTRATORS				2	х	х				
	23266	SOUTH CENTRAL PREFERRED				2	X	X				
	41154 25147	SOUTH COUNTY HEALTH ALLIANCE SOUTHCARE/HEALTHCARE PREFERRED			Х	2	X X	X X				
	37318	SOUTHERN BENEFIT SERVICES LLC				2	x	x				
	25133	SOUTHERN HEALTH SERVICES				2	х	х				
	25128	SOUTHERN HEALTH SERVICES INC				2	Х	Х				
	SIPA1	SOUTHLAND IPA				4	X	х				MED3000 EDI Support (805) 988-2280 ext 340
	M3IL2	SOUTHWEST BCBS OF FLORIDA				4	x					Provider Customer Service - (708) 633-1234
	37266	SOUTHWEST SERVICE LIFE				2	х	х				Trovides destante desvice - (100) 000-1204
\$	60054	SOUTHWESTERN BELL (MEDICAL)				2	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advanced/clearinghouse@availty.com for further details.
	23253	SPECTRUM ADMINISTRATORS, INC TPA ALLENTON, PA				2	Х	х				
	35199 22240	ST. ANTHONY MICHIGAN CITY ST. BARNABAS SYSTEM HEALTH PLAN				2	X X	X X				
	35199	ST. FRANCIS HEALTH NETWORK				4	X	X				
	37264	ST. JOHN'S CLAIMS ADMINISTRATION				2	X	x				
	SLCH1	ST. LAWRENCE CO. HEALTHCARE PLAN				2	х	х				
	88029	ST. MARY'S HEALTH PLAN				2	X	X				
	37116 STM01	ST. THERESE PHYSICIAN ASSOC ST. THOMAS MEDICAL NETWORK (GULFQUEST)				3	X X	Х				
	59225	STAR HRG	1		\vdash	2	X	x				
						2						Click this link for information on electronic payment and remittance
	31053	STATE FARM					х	х				information: https://ProviderNet.adminisource.com
	57254	STATE OF TEXAS DENTAL PLAN	_			2	X	х				
	75087 67829	STATES GENERAL LIFE INSURANCE STERLING MEDICARE ADVANTAGE	-		\vdash	3	X X	x				EPN - All dates of service, expanded EPN - 2008 date of service and after.
	91151	STERLING MEDICARE ADVANTAGE STERLING OPTION 1			\vdash	2	X	X				E. 11. 7.11 dates of service, expanded E. 11. 2000 date of service and after.
	STL01	STIRLING BENEFITS				2	x	x				
	06089	STIRLING BENEFITS (STIRLING & STIRLING)			igspace	2	х					
	SLIC2	STONEBRIDGE LIFE INS CO (CEDAR RAPIDS IA) STONEBRIDGE LIFE INS CO (VALLEY FORGE PA)	-			4	X	X				Med Supp
—	SLIC1 31121	STONEBRIDGE LIFE INS CO (VALLEY FORGE PA) STONER AND ASSOCIATES (CINCINNATI, OH)	+			2	X X	X X				Med Supp
	74227	STUDENT RESOURCES (UNITEDHEALTHCARE)				2	x	X				
	35199	SUBURBAN HEALTH ORGANIZATION				4	X	x				
—	95202	SUMMACARE HEALTH PLAN			₽Ţ	2	х	х				
\$	37301 60054	SUMMIT AMERICA INSURANCE SERVICES SUN TRUST BANK				2	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	90956	SUNAMERICA LIFE INSURANCE COMPANY				2	X					The control of the co
 	68069	SUNFLOWER STATE HEALTH PLAN	1		х	3	X	х				The payer will begin accepting claims under this payer ID on 1/1/13. Prior to submitting claims, contact your Health Plan Provider Relations Department to verify your
	68069	SUNSHINE HEALTH			x	3	x	x				Prior to submitting claims, contact your Healin Plan Provider Relations Department to verify your provider information is on file in the Health Plans claim system. This will prevent claim rejections and allow payments to be made in a timely manner. You may reach Provider Relations at 800.218.0530 or by visiting www.sunshinestatehealth.com and click on the Provider tab. Payer ID 68057 may also be used.
	23218	SUPERIOR BENEFITS				2	х	х				

Availity's Flo	ectronic Data	Interchange (EDI) Health Plan Partners										
Availity 5 El	cotrorno Data	The ordings (EDI) House Flam Factors		ъ								
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
	68069	SUPERIOR HEALTH PLAN			x	3	x	х				Prior to submitting claims, contact your Health Plan Provider Relations Department to verify your provider information is on file in the Health Plans claim system. This will prevent claim rejections and allow payments to be made in a timely manner. You may reach Provider Relations at 800.218.7453 or by visiting www.superiorhealthplan.com. Payer ID 39188 may also be used.
	68069	SUPERIOR HEALTH PLAN			х	4	x	x				Prior to submitting claims, please call Provider Relations Dept at 1-800-218-7453 to verify your provider info is on file in the claim system. This will prevent rejections and allow payments to be made in a timely manner.
	68069	SUPERIOR HEALTH PLAN CHIPS EPO			x	4	х	x				Prior to submitting claims, please call Provider Relations Dept at 1-800-218-7453 to verify your provider info is on file in the claim system. This will prevent rejections and allow payments to be made in a timely manner.
	97802 IP091	SUPERIOR INSURANCE SERVICES SUTTER - GOULD MEDICAL FOUNDATION (CLAIMS/ENCOUNTERS)		Х		2	X X	х				Please contact Sutter to enroll (800-611-5191).
	CALL	SUTTER - MEDICAL GROUP OF THE REDWOODS (CLAIMS/ENCOUNTERS)		X		2	X	х				Please contact Sutter to enroll (800-611-5191).
	94269	SUTTER - SIP, SMG, SWMG (CLAIMS/ENCOUNTERS) SUTTER EAST BAY MEDICAL FOUNDATION		Х		2	X X					Please contact Sutter to enroll (800-611-5191).
	HM059	SUTTER SIP SMG SWMG (CLAIMS ENCOUNTERS)				3	X	х				
	91151 16146	SYNERTECH HEALTH SYSTEMS SOLUTIONS (STERLING OPTION 1) SYRACUSE COMMUNITY HEALTH CENTER (SCHC)				2	X X	x				
	HCP01	TALBERT MEDICAL GROUP				2	X	х				
	88067 37228	TALL TREES ADMINISTRATORS TARRANT HEALTH SERVICES				2	X X	x				
	39157	TBG ADMINISTRATIVE SERVICES				2	X	х				
-		TEAM CHOICE - ALPHA CARE GOLD TEAM CHOICE GOLD				2	X X	X X				
	75261	TEAM CHOICE PNS				2	X	X				
	75261 36215	TEAM CHOICE UMC TEAMCARE				2	X	X X				
	GTPA1	TEXAN PLUS (BEAUMONT)			х	4	X	X				
	HPN11 KLSY1	TEXAN PLUS (HOUSTON) TEXAN PLUS (KELSEY-SEYBOLD)			X X	4	X X	X X				
	45210	TEXAN FEOS (REESE F-SET BOLD) TEXAS - CHRISTUS HEALTH PLAN			^	2	X	X				
	76048 TXCSM	TEXAS CHILDREN'S HEALTH PLAN TEXAS CHILDREN'S STAR MEDICAID				2	X X	x				
	TOPA1	TEXAS FIRST HEALTH PLANS (TIOPA)			х	4	X	х				
	13185 THS01	TEXAS FIRST HEALTH PLANS NORTHTX TEXAS HEALTHSPRING			х	2	X X	X X				
	BOONG	THE BOON GROUP				2	x	x				
		THE CITY OF ODESSA THE FORD METER BOX COMPANY, INC.				2	X X	X X				
	20356	THE HEALTH EXCHANGE - CERNER CORPORATION				2	x	x				
		THE HEALTHCARE GROUP THE INTEGRITY BENEFIT NETWORK, INC. (MARRIETA, GA)				2	X X	×				
	23223	THE LOOMIS COMPANY				2	X	х				
	59221 04320	THE MEGA LIFE & HEALTH INS. CO. THE PREFERRED HEALTHCARE SYSTEM-PPO				2	X X	X X				
	THERA	THERAPHYSICS				2	x	^				
	95266	THERAPHYSICS- COLORADO ONLY THIRD PARTY CLAIMS MANAGEMENT				2	X X	x				
	THRIV	THRIVENT FINANCIAL				4	X	х				
+	39065 WITH1	TIME INSURANCE COMPANY TODAY'S HEALTH			х	2	X X	X X				
	TOPTN	TODAY'S OPTION (AMERICAN PROGRESSIVE AND PYRAMID HEALTH)			^	2	X	х				
	92620 TCARE	TONGASS TIMBER TRUST TOTAL CARE (NEW YORK)				4	X X	X				
	38201	TOTAL HEALTHCARE OF MICHIGAN				2	X	x				
	41202 37230	TOTAL PLAN SERVICES TR PAUL, INC.				2	X X	X X	1			
	59222	TRANSAMERICA				2	X					
	TFLI4 TFLI6	TRANSAMERICA FINANCIAL LIFE INS - BALTIMORE TRANSAMERICA FINANCIAL LIFE INS - CEDAR RAPIDS				4	X X	X X	1			Cancer Med Supp/Retiree Med
	TLIN7	TRANSAMERICA FINANCIAL LIFE INS - PLANO				4	x	x				Major Medical/Cancer
 	TFLI5 TFLI2	TRANSAMERICA FINANCIAL LIFE INS CO TRANSAMERICA FINANCIAL LIFE INS CO				4	X X	X X	+			Cancer only (specified disease) Med Supp
	TFLI3	TRANSAMERICA FINANCIAL LIFE INS CO				4	X	x				Med Supp
	TFLIC TLIN4	TRANSAMERICA FINANCIAL LIFE INS CO (HURST, TX) TRANSAMERICA LIFE INS CO				4	X X	X X				Long Term Care Med Supp
	TLIN6	TRANSAMERICA LIFE INS CO - BALTIMORE				4	X	x				Cancer
	TLIN5 TLIN2	TRANSAMERICA LIFE INS CO - CEDAR RAPIDS TRANSAMERICA LIFE INS CO (HURST, TX)				4	x x	X X				Med Supp/Retiree Med Long Term Care
	TLINS	TRANSAMERICA LIFE INS CO (LITTLE ROCK, AR)				4	х	х				Long rem care Accident only, Cancer only, First occurrence invasive cancer, Heart disease attack or stroke only, Hospital confinement indemnity, Hospital intensive care
	37284 20807	TRANSCHOICE - KEY BENEFIT ADMINISTRATORS TRANSCHOICE-FIRST SERVICE ADMINISTRATORS				2	X X	X X	1			
	TRAN1	TRANSCHOICE-FIRST SERVICE ADMINISTRATORS TRANSWESTERN INSURANCE ADMIN, INC.				4	X	Х				

Availity's Ele	ectronic Data	Interchange (EDI) Health Plan Partners										
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
	TCHD1	TRAVIS COUNTY HOSPITAL DISTRICT MAP				4	х	х				Control MDOL EDI Colorities Forelline at a 000 400 E405 for Colorities Desirtation Information
	31144	TRIHEALTH PHYSICIAN SOLUTIONS				3	x	x				Contact MDOL EDI Submitter Enrollment at 888-499-5465 for Submitter Registration Information and setup.
	34185	TRISURANT				2	х	х				
	91078 61425	TRUSTEED PLANS SERVICE CORPORATION TRUSTMARK				2	X X	X X				
								^				EDI enrollment is required. Please go to this link and complete the form:
	04298	TUFTS HEALTH PLAN		х	х	2	х					http://media.capario.com/agreements/04298%20Inst.pdf
\$	60054	UC CARE (UNIV. OF CA)				2	x	х				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details. EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse
\$	52629	UCARE			x	2	х	x				EDI SUDINILES IOCATE II II DE I, NN, ON, ON, I A, allo WA legions require Advanced Cleaninghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	97041	UCS HEWITT COLEMAN UCS HOCKENBERGOS EQUIPMENTS			\vdash	2	X	X				
	59573 60230	UCS MASONRY INDUSTRY TRUST				2	X X	X X				
	92805	UCS MAXOR ADMINISTRATIVE SERVICES				2	x	x				
	52323	UCS NEBRASKA PLASTICS GROUP				2	Х	х				
	97736 20452	UCS RTG MEDICAL GROUP UCS WINSTON HOSPITALITY				2	X X	X X				
	75240	UICI-ADMINISTRATORS				2	X	X				
	74223	UICI-ADMINISTRATORS - ST OF NEVADA				2	х	х				
	ULLIC	ULLICO INC. (VALLEY FORGE, PA)				4	Х	х				Med Supp
	41206 75130	ULTRA BENEFITS UMC HEALTH PLAN (LUBBOCK)				2	X X	X X				Formerly Fiserv Health - Wausau Benefits/Benesight
	75196	UMR - HARRINGTON				2	X	x				Formerly Health Economics - MICS Corp
	39026	UMR - WAUSAU/UHIS				2	х	х				
	52180	UMWA HEALTH & RETIREMENT FUNDS				2	X	X				
	80314 80314	UNICARE INDIVIDUAL SMALL GROUP UNICARE MAJOR ACCOUNTS				3	X X	X X				
	80314	UNICARE SPECIAL ACCOUNTS				3	х	х				
	62170 51368	UNIFIED HEALTH SERVICES UNIFIED IPA				2	X X	X				
	34638	UNIFIED PHYSICIANS NETWORK				2	X	x x				
	75243	UNIFORM MEDICAL PLAN/HARRINGTON				2	X	x				
	87042	UNION PACIFIC RAILROAD EMPLOYEES					х					
-	25175 87726	UNISON HEALTH PLAN UNITED BEHAVIORAL HEALTH			x	2	X X	X X				
	UGP19	UNITED GROUP PROGRAMS			^	2	x	x				
	36273	UNITED HEALTHCARE OVATIONS (AARP)			Х	2	х	х				
	31107 71412	UNITED MEDICAL RESOURCES UNITED OF OMAHA				2	X X	X X				
	84132	UNITED PHYSICIANS OF N. COLORADO				2	X	X				
	87726	UNITEDHEALTHCARE			Х	2	х	х				
	81400	UNITEDHEALTHCARE ALL SAVERS INSURANCE			$oxed{\blacksquare}$	2	X	X				
 	74227	UNITEDHEALTHCARE (STUDENTRESOURCES) UNITEDHEALTHCARE COMMUNITY PLAN - MI (FORMERLY GREAT LAKES			\vdash	2	X	x				
	95467 87726	HEALTH PLAN) UNITEDHEALTHCARE MEDICARE SOLUTIONS (UNITEDHEALTHCARE				2	x x	x x				
+	87726	CHRONIC COMPLETE) FORMERLY EVERCARE UNITEDHEALTHCARE OF FLORIDA			x	2		×				
	95378	UNITEDHEALTHCARE OF FLORIDA UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY (UNITEDHEALTHCARE COMMUNITY PLAN) FORMERLY JOHN DEERE HEALTHCARE			X	2	x	x				
	87726	UNITEDHEALTHCARE WEST				2	х					
\vdash	95958	UNITEDHEALTHCARE WEST (ENCOUNTERS) FORMERLY PACIFICARE			\vdash	2	X					Use for professional encounters only.
\vdash	81400 81400	UNITEDHEALTHONE PACIFICARE LIFE UNITEDHEALTHONE UNITEDHEALTHCARE LIFE INSURANCE COMPANY				2	X X					
	HC001	UNIVERA HEALTHCARE				3	х					All claims currently submitted to Univera Healthcare, Payer ID HC001, should now be submitted to Payer ID UNINW.
	UNINW	UNIVERA HEALTHCARE			Ļ—Ţ	3	х					-
1	UNBCI UNBC2	UNIVERSAL BENEFITS CORPORATION UNIVERSAL BENEFITS CORPORATION - CEDAR RAPIDS		-	\vdash	4	X X	X X				Tricare
	33001	UNIVERSAL CARE- CALIFORNIA				2	X	X				
	09908	UNIVERSITY FAMILY CARE - MARICOPA HEALTH PLAN				2	x					
—	11149	UNIVERSITY MEDICAL CENTER UNIVERSITY OF WASHINGTON STUDENTS & GRADUATE APPTS.		-		2	X	x x				
	91136						X					Prior Authorization Number required (loop 2300, REF01 = G1); Example: 999999-99-999 or 999999-9-
	ATEND	UNIVITA				4	х	х				9999. Rendering Provider Number required (loop 2310B NM109).
\vdash	23281	UPMC HEALTH PLAN UPPER PENINSULA HEALTH PLAN				2	X	X				
 	38337 93092	US BENEFITS				2	X X	X X				
		···						·				

Availity's El	ectronic Data	a Interchange (EDI) Health Plan Partners										
		interest and the second		70								
Premium	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)	Institutional Claim (837)	Eligibility & Benefits (270)	Claim Status (276)	Auth & Referral (278)	Additional Information
	USFHP	US FAMILY HEALTH PLAN (USFHP) - TEXAS AND LOUISIANA		х	x	2	x	x				To perform 837 transactions with the US Family Health Plan (USFHP), you will need to ensure that your NPI 1 and NPI 2 (if applicable) are on file with the Plan. Prior to performing 837 transactions with the US Family Health Plan, please confirm that your NPI is on file by contacting us at 800-678-7347.
	50383	US IMAGING NETWORK (NY)				2	X					EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse
\$	60054	US/HEALTHCARE (HMO)				2	х	x				enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	74095 13407	USAA (UNITED STATES AUTOMOBILE ASSOC) USFHP – ST. VINCENT CATHOLIC MEDICAL CENTER				2	X	X X				
	UT3F	UTMB - 3 SHARE PROGRAM				4	X	X				
	12115	VA FEE BASIS PROGRAMS				2	X	Х				
	VAFSC	VA FINANCIAL SERVICES CENTER				2	X	X				
	82238 82420	VALLEY BAPTIST ADVANTAGE VALLEY BAPTIST HEALTH PLAN				2	X X	X X				
	72128	VANTAGE HEALTH PLAN, INC.				2	X					
	VPA18	VARIABLE PROTECTION ADMINISTRATORS (VPA)				2	X	X				
\$	60054	VARIAN HEALTH CARE PLAN				2	x	x				EDI submitters located in the IL, NM, OK, OR, TX, and WA regions require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or advancedclearinghouse@availity.com for further details.
	75256	VERITY NATIONAL GROUP, INC.				2	X	Х				
	GASA1 VESTA	VERITY NATIONAL GROUP, INC. VESTACARE				3	X X	X X				
	VESTA VFP11	VILLAGE FAMILY PRACTICE			x	4	X	X				
	BV001	VIPA				2	X					
	VPCCI	VIRGINIA PREMIER COMPLETECARE			х	3		X				Payer requires EDI enrollment. EDI Enrollment Form
	VPCCP VPHP1	VIRGINIA PREMIER COMPLETECARE VIRGINIA PREMIER COMPLETECARE			Х	3	X			×		Payer requires EDI enrollment. EDI_Enrollment_Form
	37297	VISION CARE INCORPORATED				2	x		X			
	55248	VISTA HEALTH PLAN				2	X	X				
	63114	VIVA HEALTH PLAN				2	X					
	77073 22264	VNS CHOICE MEDICARE VYTRA HEALTHCARE				2	X X	X X				
	62111	W.C. BEELER & COMPANY				2	X	^				
	85256	WABASH MEMORIAL HOSPITAL ASSOCIATION				2	Х	Х				
	31650 84980	WAGNER MEINERT				2	X X	X X				
	73155	WAL-MART (BLUE CARD CARRIERS) WATERSTONE BENEFIT ADMINISTRATORS				4	X	X				
	39151	WEA TRUST				3	Х	х				
	75261	WEBTPA				2	Х	Х				
	36337 25133	WEISS HEALTH PROVIDERS WELL PATH OF CAROLINA				2	X	Y				Enrollment Contact - (866) 703-1444
	WELM2	WELLMED (CLAIMS)				4	X	X				Emoliment Contact - (600) 703-1444
	WELMD	WELLMED (ENCOUNTERS)				4	X					
	WELM2	WELLMED/SECURE HORIZONS				4	X	X				
	91064	WENATCHEE VALLEY MEDICAL CENTER				2	Х	X				
	91136	WEST COAST STATIONARY ENGINEERS HEALTH & SECURITY TRUST FUND				2	x	x				
	80942 70408	WEST SUBURBAN HEALTH PROVIDERS WESTERN CARE				2	X X	X X				
	24735	WESTERN GROWER'S INS. CO.				3	X	X				
	37247	WESTERN MUTUAL INSURANCE				2	Х	Х				
\vdash	31048	WESTERN SOUTHERN FINANCIAL GROUP (CINCINNATI, OH)	I			2	Х	Х				
1	38232 93050	WEYCO WILLIAM C. EARHART, CO., INC.			-+	2	X	X X				
	98010	WILLIAM J. SUTTON & COMPANY				2	X	X				
	62153	WINDSOR MEDICARE EXTRA				2	Х	х				
	27327 39200	WINHEALTH PARTNERS WISCONSIN AUTO & TRUCK DEALERS INSURANCE PLAN				2	X X	x				Formerly payer ID WNHLT
	WPS01	WISCONSIN COMMERCIAL				3	X	^				
	SX022	WISCONSIN PHYSICIANS SERVICE GROUP HEALTH (WPS)				2	Х					
1	13413	WOMEN'S INTEGRATED NETWORK, INC (WIN FERTILITY)				2	X	Х				
	81949 VARIOUS	WOODMAN ACCIDENT AND LIFE COMPANY WORKERS' COMPENSATION			х	2	x x	x				Please see Availity's Workers' Compensation Companion Guide for more details: (https://apps.availity.com/availity/documents/Availity/WorkersCompensationCompanionGuide.pdf)
	20333	WORKSITE BENEFIT SERVICES, LLC.				2	x	x				
	75276	WORLD INSURANCE COMPANY				2	X	X				
	77080	WPP - ELDERCARE WISCONSIN				2	х	х				
	10159 25133	WPS PREVEA HEALTH PLAN WRITERS GUILD				2	X X	X X				
	62153	XANTUS HEALTHPLAN OF TENNESSEE				2	X	X				
	06121	YALE NEW HAVEN HEALTH - MSO INC				3	X	X				
	60646	YALE UNIVERSITY HEALTH PLAN				2	Х		1			

Availity's Electronic Remittance Advice (ERA) Health	Plan Partners			
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only providers. EFT providers must contact Centene for further		
ABSOLUTE TOTAL CARE	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
ABSOLUTE TOTAL GAILE	00009	When enrolling for Advocate Health ERAs, please be sure	Availity Wulti-payer Form	Centene LIVA 000 enforment
		to enroll for both Advocate Health Centers and Advocate		
ADVOCATE HEALTH PARTNERS	65093	Health Partners.	Availity Multi-payer Form	
		When enrolling for Advocate Health ERAs, please be sure		
		to enroll for both Advocate Health Centers and Advocate		
ADVOCATE MEDICAL GROUP	36320	Health Partners.	Availity Multi-payer Form	
AFTHA INCUIDANCE COMPANY	22254	Please complete the Availity Multi-payer Form prior to the		Electronic Remittance Advice and Electronic
AETNA INSURANCE COMPANY ALLCARE HEALTH PLAN	60054 MRIPA	Aetna ERA form.	Availity Multi-payer Form Availity Multi-payer Form	Funds Transfer Enrollment
ALLCARE REALTH PLAN	IVIRIPA	Please complete the Availity Multi-payer Form prior to the	Availity Multi-payer Form	
		Centene ERA form. Option available for ERA only		
AMBETTER FROM BUCKEYE COMMUNITY HEALTH		providers. EFT providers must contact Centene for further		
PLAN	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
AMBETTER FROM CELTICARE HEALTH PLAN	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
AMBETTER FROM COORDINATED CARE	68069	providers. EFT providers must contact Centene for further instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
AMBETTER FROM COORDINATED CARE	08009	Please complete the Availity Multi-payer Form prior to the	Availity Multi-payer Form	Centene ERA 835 enrollment
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
AMBETTER FROM MAGNOLIA HEALTH	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
AMBETTER FROM MANAGED HEALTH SERVICES	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
AMBETTER FROM PEACH STATE HEALTH PLAN	68069	providers. EFT providers must contact Centene for further instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
AMBETTER FROM PEACH STATE HEALTH PLAN	00009	Please complete the Availity Multi-payer Form prior to the	Availity Multi-payer Form	Centene ERA 635 enrollment
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
AMBETTER FROM SUNSHINE HEALTH	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
AMBETTER FROM SUPERIOR HEALTH	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
AMPETTED OF ARKANGAS	68069	providers. EFT providers must contact Centene for further instructions.	Availity Multi payor Form	Centene ERA 835 enrollment
AMBETTER OF ARKANSAS	68089	NPI number is required on the Multi-payer Form for	Availity Multi-payer Form	Centene ERA 835 enrollment
AMERICAN COMMERCIAL BARGE LINES	87726	processing.	Availity Multi-payer Form	
AMERIGROUP	27514	processing.	Availity Multi-payer Form	
ASURIS NORTHWEST HEALTH	93221		Availity Multi-payer Form	
ATRIO HEALTH PLAN	ATRIO		Availity Multi-payer Form	
L		•		

Availity's Electronic Remittance Advice (ERA) Health	Plan Partners			
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)
		Please log in to the Availity Web Portal and select the		
		Illinois region (if available). Click My Account BCBS ERA		
		Registration and then select your organization or enter a Clearinghouse Availity Customer ID. Click Submit to		
		access the Blue Cross and Blue Shield of Illinois website		
BLUECROSS BLUESHIELD (BCBS) IL HCSC	00621	and complete the enrollment.		
BLUECROSS BLUESHIELD (BCBS) MN	00220/00720	and complete the enrollment.		BCBSMN ERA Enrollment
, ,				
		Please log in to the Availity Web Portal and select the New		
		Mexico region (if available). Click My Account BCBS ERA		
		Registration and then select your organization or enter a		
		Clearinghouse Availity Customer ID. Click Submit to access the Blue Cross and Blue Shield of New Mexico		
BLUECROSS BLUESHIELD (BCBS) NM HCSC	00790	website and complete the enrollment.		
BLUECKUSS BLUESHIELD (BCBS) NIW FICSC	00790	website and complete the emolinent.		
		Please log in to the Availity Web Portal and select the		
		Oklahoma region (if available). Click My Account BCBS		
		ERA Registration and then select your organization or enter		
		a Clearinghouse Availity Customer ID. Click Submit to		
		access the Blue Cross and Blue Shield of Oklahoma		
BLUECROSS BLUESHIELD (BCBS) OK HCSC	00840	website and complete the enrollment.		
		Please log in to the Availity Web Portal and select the		
		Texas region (if available). Click My Account BCBS ERA Registration and then select your organization or enter a		
		Clearinghouse Availity Customer ID. Click Submit to		
		access the Blue Cross and Blue Shield of Texas website		
BLUECROSS BLUESHIELD (BCBS) TX HCSC	84980	and complete the enrollment.		
BLUESHIELD (BC) CA	BS001		Availity Multi-payer Form	
BLUECROSS (BC) ID	IDBLC		Availity Multi-payer Form	
		NPI number is required on the Multi-Payer Registration		
BRIDGESPAN	BRIDG	Form for processing.	Availity Multi-payer Form	
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only providers. EFT providers must contact Centene for further		
BRIDGEWAY HEALTH SOLUTIONS	68069	linstructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
BRIDGEWATTIEAETH GOEG HONG	00000	Please complete the Availity Multi-payer Form prior to the	Availty Walti-payor Form	CENTERIC ETVY 000 CHIOMINICIA
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
BUCKEYE COMMUNITY HEALTH PLAN	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
	000.47	providers. EFT providers must contact Centene for further		504 005 # 4
CALIFORNIA HEALTH AND WELLNESS	68047	instructions. Both NPI number and Tax ID/SSN are required on the Multi-	Availity Multi-payer Form	Centene ERA 835 enrollment
CAREFIRST BCBS OF DC/NCA	SB580	Payer Registration Form for processing.	Availity Multi-payer Form	
S. I.E. HOT BODG OF BORROW	02000	Both NPI number and Tax ID/SSN are required on the Multi-	reserve more payor rolling	
CAREFIRST BCBS OF MARYLAND	SB690	Payer Registration Form for processing.	Availity Multi-payer Form	
CARESOURCE HEALTH PLAN OREGON	MRCHP		Availity Multi-payer Form	
				ERA/EFT Setup-Maintenance Request
CARITEN HEALTHCARE	61101			System
OARITEN OFNIOR USALT:	04.5.			ERA/EFT Setup-Maintenance Request
CARITEN SENIOR HEALTH	61101			System
CCSTPA	CCSTPA		<u> </u>	CCStpa ERA Enrollment

Availity's Electronic Remittance Advice (ERA) Healt	h Plan Partners			
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
CELTICADE LIEALTIL DI ANI	00000	providers. EFT providers must contact Centene for further	Augiliau Mariai marran Farm	Contant EDA 035 consilerant
CELTICARE HEALTH PLAN	68069	instructions. Please complete the Availity Multi-payer Form prior to the	Availity Multi-payer Form	Centene ERA 835 enrollment
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
CENPATICO - AZ	68068	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
	00000	Please complete the Availity Multi-payer Form prior to the	, trainer mana payor rom	Sometime Little See Simoniment
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
CENPATICO - FL	68068	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
CENPATICO - GA	68068	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
OFNIDATION II		providers. EFT providers must contact Centene for further		
CENPATICO - IL	68068	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
CENDATICO IN	00000	providers. EFT providers must contact Centene for further	Averilla Maria marray Forms	Contains EDA 025 annullment
CENPATICO - IN	68068	instructions. Please complete the Availity Multi-payer Form prior to the	Availity Multi-payer Form	Centene ERA 835 enrollment
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
CENPATICO - KS	68068	instructions.	Availity Multi-paver Form	Centene ERA 835 enrollment
CENTATION - NO	00000	Please complete the Availity Multi-payer Form prior to the	Availity ividiti-payer r orm	Centerie ETA 633 enfoliment
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
CENPATICO - KY	68068	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
CENPATICO - MA	68068	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
CENPATICO - MS	68068	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
OF NIDATION ON		providers. EFT providers must contact Centene for further		
CENPATICO - OH	68068	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only providers. EFT providers must contact Centene for further		
CENPATICO - SC	68068	instructions.	Availity Multi payor Form	Centene ERA 835 enrollment
CENTATIOU - 30	80000	Please complete the Availity Multi-payer Form prior to the	Availity Multi-payer Form	Centerie ERA 000 enfoliment
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
CENPATICO - TX	68068	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
OLITI ATTOO - TA	00000	Intota dota of to.	2 CVGIII CY IVIGIU-PAYOF I UIII	CONTONO LIVE DOO CHIUMINGIL

Availity's Electronic Remittance Advice (ERA) Health	h Plan Partners			
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only providers. EFT providers must contact Centene for further		
CENPATICO - WI	68068	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
CENTATIOG - WI	00000	Please complete the Availity Multi-payer Form prior to the	Availity Wulti-payer Form	Centerie LIVA 655 enfoliment
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
CENPATICO BEHAVIORAL HEALTH	68068	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only providers. EFT providers must contact Centene for further		
CENTENE MEDICARE	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
CENTRAL SENIOR CARE	CIPA1	Please use payer id HPN11 to register.	Availity Multi-payer Form	Centerie LIVA 655 enfoliment
CIGNA	62308	Troube dee payer id thirt to register.	7 Wanty Wate payor Form	Cigna ERA 835 Enrollment
		Please complete the Availity Multi-payer Form prior to the		
COMMUNITY HEALTH CHOICE	48145	Community Health Choice ERA form.	Availity Multi-payer Form	EFT ERA Submittal
COMMUNITY HEALTH PLAN OF WASHINGTON	CHPWA		Availity Multi-payer Form	
CONNECTICUT GENERAL - MEDICAL CLAIMS	62308			Cigna ERA 835 Enrollment
COOK CHILDDENG HEALTH DLAN	CCUD4		Availity Mariti mayor Form	Electronic Fund Transfer Form revised 10.30.12.pdf
COOK CHILDRENS HEALTH PLAN	CCHP1		Availity Multi-payer Form	Electronic Fund Transfer Form revised
COOK CHILDRENS HEALTH PLAN - STAR	CCHP9		Availity Multi-payer Form	10.30.12.pdf
OOOK CHIEBKENO HEAETH FEAR - CTAIK	00111 3	Please complete the Availity Multi-payer Form prior to the	Availity Walti-payer Form	10.00.12.pdi
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
COORDINATED CARE	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
CORNERSTONE BENEFIT ADMINISTRATORS	10850		Availity Multi-payer Form	
DEFINITY OF DVIOCO	07700	NPI number is required on the Multi-Payer Registration	A college A A city or a constant	
DEFINITY SERVICES	87726	Form for processing.	Availity Multi-payer Form	ERA/EFT Setup-Maintenance Request
EAGLE CREEK MEDICAL PLAZA	61101			System
EATON BENEFITS, OH	62308			Cigna ERA 835 Enrollment
-, -				Please contact Provider Relations at (915)-
EL PASO FIRST HEALTH PLANS - CHIP	EPF03			532-3778 x1507 to enroll.
EL PASO FIRST HEALTH PLANS - HCO				Please contact Provider Relations at (915)-
(HEALTHCARE OPTIONS)	EPF37			532-3778 x1507 to enroll.
EL PASO FIRST HEALTH PLANS - PREMIER PLAN	EDE00			Please contact Provider Relations at (915)-
(STAR MEDICAID HMO) EMI HEALTH	EPF02 SX110			532-3778 x1507 to enroll. Paver Enrollment Form
LIVITTICALITT	5/110			ERA/EFT Setup-Maintenance Request
EMPHESYS	61101			System
EQUICOR - PPO	62308			Cigna ERA 835 Enrollment
EQUICOR / EQUITABLE	62308			Cigna ERA 835 Enrollment
FAMILY CARE COORDINATED CARE ORG	PHD01	Administered by PH Tech. For DOS after 8/1/12.	Availity Multi-payer Form	
		Please log in to the Availity Web Portal and select the		
		Texas region (if available). Click My Account BCBS ERA		
		Registration and then select your organization or enter a Clearinghouse Availity Customer ID. Click Submit to		
		access the Blue Cross and Blue Shield of Texas website		
FEDERAL EMPLOYEE PROGRAM (TX FEP)	84980	and complete the enrollment.		
FIRSTCARE	94999	The state of the s	Availity Multi-payer Form	
FIRSTCARE "STAR" MEDICAID	94998		Availity Multi-payer Form	

Availity's Electronic Remittance Advice (ERA) Health	Plan Partners			
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)
				Please log into the Availity Web Portal. Select the Florida region (if available). Click
				Payer Resources at the top of the screen.
				Click the link for Florida Blue then click Electronic Remittance Advice Registration.
				Select your Organization from the
				Organization dropdown and click Submit. You will be taken to the Florida Blue website to
FLORIDA BLUE	00590			complete the enrollment.
		NPI number is required on the Multi-Payer Form for		
		processing. Contact FHCP at <u>EDISupport@fhcp.com</u> to complete your ERA enrollment after you complete the		
FLORIDA HEALTH CARE PLANS (FHCP)	59322	Availity Multi-payer Form.	Availity Multi-payer Form	
FRESENIUS	FMCHP	Please use payer id FMCHP to register.	Availity Multi-payer Form	
GEHA MENTAL HEALTH CLAIMS	87726	NPI number is required on the Multi-Payer Registration Form for processing.	Availity Multi-payer Form	
GENERAL AMERICAN LIFE INS CO	63665	Toffi for processing.	Availity Multi-payer Form	Cigna ERA 835 Enrollment
GENERATIONS HEALTHCARE	GHEDI		Availity Multi-payer Form	
GOLDEN TRIANGLE PHYSICIAN ALLIANCE	GTPA1	Please complete the Availity Multi-payer Form prior to the	Availity Multi-payer Form	
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
GRANITE STATE HEALTH PLAN	68069	instructions. Includes ERAs for plans formerly known as First Great	Availity Multi-payer Form	Centene ERA 835 enrollment
GWH-CIGNA (FORMERLY GREAT-WEST		West Life and Annuity Ins Co and Great-West Life and		
HEALTHCARE)	80705	Annuity Ins Co.		Cigna ERA 835 Enrollment
HEALTH SERVICES MANAGEMENT	41150		Availity Multi-payer Form	HSM 835 ERA ERA/EFT Setup-Maintenance Request
HEALTH VALUE MANAGEMENT	61101			System
HEALTHCARE MANAGEMENT ADMINISTRATORS HEALTHPARTNERS	HMA01 07003		Availity Multi-payer Form	HMA ERA form HealthPartners 835 Enrollment Form
<u> </u>	07003	Payer requests providers to contact the EDI department at		HealthPartners 635 Enforment Form
HEALTH PLUS PHSP	11324	edi@healthplus-ny.org for 835/EFT enrollment.	Availity Multi-payer Form	
HERITAGE PHYSICIAN NETWORK (HOUSTON)	HPN11	Please log in to the Availity Web Portal and select the	Availity Multi-payer Form	
		Texas region (if available). Click My Account BCBS ERA		
		Registration and then select your organization or enter a		
		Clearinghouse Availity Customer ID. Click Submit to access the Blue Cross and Blue Shield of Texas website		
HMO BLUE	84980	and complete the enrollment.		
		Please log in to the Availity Web Portal and select the		
		Texas region (if available). Click My Account BCBS ERA		
		Registration and then select your organization or enter a Clearinghouse Availity Customer ID. Click Submit to		
		access the Blue Cross and Blue Shield of Texas website		
HMO BLUE TEXAS	84980	and complete the enrollment.		
		Please complete the Availity Multi-payer Form prior to the Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
HOME STATE HEALTH PLAN	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
HUMANA, INC. (CLAIMS)	61101			ERA/EFT Setup-Maintenance Request System
HOWAITA, 1140. (OLAINO)	01101		I	Oyotom

Availity's Electronic Remittance Advice (ERA) Healt	h Plan Partners			
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)
		Please complete the Availity Multi-payer Form prior to the Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
ILLINICARE HEALTH PLAN	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the	, , , , , , , , , , , , , , , , , , , ,	
INTOTAL HEALTH	IHP001	Amerigroup ERA form.	Availity Multi-payer Form	INTotal EDI 835 ERA Enrollment Form
		Please complete the Availity Multi-payer Form prior to the		
INTOTAL HEALTH	IHP002	Amerigroup ERA form. Please complete Availity's Multi-payer enrollment form prior	Availity Multi-payer Form	INTotal EDI 835 ERA Enrollment Form
		to visiting the payer's site and completing ERA enrollment		Kaiser Foundation of Ohio EDI Claim Remits
KAISER FOUNDATION OF OHIO	KP014	with the payer.	Availity Multi-payer Form	Setup Form
KAISER FOUNDATION HEALTH PLAN OF				
SOUTHERN CALIFORNIA	94134		Availity Multi-payer Form	
KATY MEDICAL GROUP	KMG11		Availity Multi-payer Form	
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only providers. EFT providers must contact Centene for further		
KENTUCKY SPIRIT HEALTH PLAN	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
			, , , , , , , , , , , , , , , , , , , ,	For 835 enrollments please click this link and
				fill out the payer enrollment form. Once you
				have received a confirmation email from the
		NDI was been in a series of a series Marking and English		payer, you may submit the Availity Multi Payer
LANDMARK HEALTHCARE	LNDMK	NPI number is required on the Multi-payer Form for processing.	Availity Multi-payer Form	Form to us to complete the enrollment process.
LIFESYNCH	61104	processing.	Availity Multi-payer Form	process.
Eli EdiNori	01104		Availity Walti-payer Form	ERA/EFT Setup-Maintenance Request
LINCOLN NATIONAL (HUMANA)	61101			System
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
LOUISIANA LIFALTUCADE CONNECTIONS	00000	providers. EFT providers must contact Centene for further	Availity Mariti mayor Form	Contant EDA 025 annullment
LOUISIANA HEALTHCARE CONNECTIONS MAGELLAN HEALTH SERVICES	68069 01260	instructions.	Availity Multi-payer Form Availity Multi-payer Form	Centene ERA 835 enrollment
MAGLELANTICALTITISETOTICES	01200	Please complete the Availity Multi-payer Form prior to the	Availity Wulti-payer Form	
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
MAGNOLIA HEALTH PLAN	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
MAILLIANDI EDO MENTAL LIEALTIL OLAIMO	07700	NPI number is required on the Multi-payer Form for	A college A A city or a constant	
MAILHANDLERS MENTAL HEALTH CLAIMS	87726	processing.	Availity Multi-payer Form	ERA/EFT Setup-Maintenance Request
MANAGED CARE INDEMNITY	61101			System
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
MANAGED HEALTH SERVICES - IN	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
MANAGED HEALTH SERVICES - WI	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
				ERA/EFT Setup-Maintenance Request
MANAGED PRESCRIPTION SERVICES	61101			System
MARTINS POINT HEALTH CARE	MPHC1		Availity Multi-payer Form	Martins Point Health Care USFHP ERA Enrollment Form
MAYO MANAGEMENT SERVICES	41154		Availity Multi-payer Form	
				ERA/EFT Setup-Maintenance Request
MEDBENEFIXX INC	61101			System

Availity's Electronic Remittance Advice (ERA)	Availity's Electronic Remittance Advice (ERA) Health Plan Partners				
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)	
		Please note the providers will be automatically registered			
		for UnitedHealthCare's 835s in order to ensure Medica			
MEDIOA OLIOIOE (ALLINA)	0.4005	ERA delivery. NPI number is required on the Multi-Payer	A could be Adult to a constant		
MEDICA CHOICE (ALLINA)	94265	Registration Form for processing.	Availity Multi-payer Form		
		Please complete Availity's Multi-payer enrollment form prior			
		to visiting the payer's site and completing ERA enrollment			
		with the payer. To register for Florida Medicaid, please			
		review the document at this link:			
		http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/P			
		ublic/EDI%20REGISTRATION/ERA%20Enrollment%20Gui			
MEDICAID FLORIDA	77027	de.pdf. Please use Availity Trading Partner ID 89185.	Availity Multi-payer Form	ERA Enrollment Form	
		Please complete Availity's Multi-payer enrollment form prior			
		to visiting the payer's site and completing ERA enrollment		Please contact Idaho Medicaid at	
MEDICAID IDAHO	AIDID	with the payer.	Availity Multi-payer Form	866.686.4272 option 2	
		Please complete Availity's Multi-payer enrollment form prior	•		
		to visiting the payer's site and completing ERA enrollment			
		with the payer. Availity's Trading Partner/Submitter ID is		835/U277 Request form Electronic	
MEDICAID KENTUCKY	AIDKY	9900004190.	Availity Multi-payer Form	Remittance Advice (ERA)	
		Please complete Availity's Multi-payer enrollment form prior			
		to visiting the payer's site and completing ERA enrollment			
		with the payer. Once on the payer's site, complete the			
		'Submitter Information' with the following: Submitter ID			
		(UMPI) - A268453200; Submitter Name – Availity LLC;			
		Address – 740 E Campbell Rd, Suite 1000, Richardson, TX			
MEDICAID MINNESOTA	DPWMN	75081; Phone – 800.282.4548	Availity Multi-payer Form	EDI Submitter Enrollment Form	
		Please complete the Availity Multi-payer Form prior to			
		completing the 5010 Outbound Trading Partner Agreement			
MEDICAID MISSOURI	70029	for FTP Users to avoid 835s delivering incorrectly.	Availity Multi-payer Form	MoHealth Net ERA enrollment	
		Please complete both enrollment forms and fax back to			
		Availity Availity will complete section III and forward the			
		form to Ohio Department of Job and Family Services.		Designation of an 835 or 834-820 Trading Partner	
MEDICAID OHIO	MMISODJFS	Allow 10 business days for processing.		Form	
		Please complete Availity's Multi-payer enrollment form prior			
		to visiting the payer's site and completing ERA enrollment			
		with the payer. Availity's Service Center number is 1285.			
	=	To reach the Virginia Medicaid EDI Helpdesk please call			
MEDICAID VIRGINIA	AIDVA	1.866.352.0766.	Availity Multi-payer Form	Provider Service Center Authorization	
MEDICAL DI ANI CE KANICAC CITY	04404			ERA/EFT Setup-Maintenance Request	
MEDICAL PLAN OF KANSAS CITY	61101			System	

Availity's Electronic Remittance Advice (ERA) Health	Plan Partners			
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)
		Electronic Remittance Advice (ERA) Enrollment Form as required by the CMS Change Request 8223 Phase III Electronic Remittance Advice (ERA) Enrollment Operating Rules (http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8223.pdf). This form will be used by providers to enroll their DME Provider Transaction Access Number (PTAN) and National Provider Identifier (NPI) with CEDI to receive Medicare ERA files created by the DME MACs. *New Electronic Providers (Form 1 and 3 required), Existing Electronic Enrolled Providers (Form 3 only) Form 1 – Complete the Submitter Information with the following: Submitter Status: Existing Submitter, Submitter ID: Region B Submitter ID C08495979 Submitter Name: Availity LLC, Submitter and/or Receiver Information with the following: Entity Name - Availity LLC, Operating as a - Clearinghouse, Submitter ID: Region B Submitter ID C08495979 Address - 740 E Campbell Road, Suite 1000, Richardson, TX 75081, Contact Name - Availity Client Services, Contact Phone Number - 800.282.4548, Contact		
MEDICARE DMERC REGION B	17003	Email-support@availity.com.	Availity Multi-payer Form	EDI Submitter Action Request Form
		Electronic Remittance Advice (ERA) Enrollment Form as required by the CMS Change Request 8223 Phase III Electronic Remittance Advice (ERA) Enrollment Operating Rules (http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8223.pdf). This form will be used by providers to enroll their DME Provider Transaction Access Number (PTAN) and National Provider Identifier (NPI) with CEDI to receive Medicare ERA files created by the DME MACs. *New Electronic Providers (Form 1 and 3 required), Existing Electronic Enrolled Providers (Form 3 only) Form 1 – Complete the Submitter Information with the following: Submitter Status: Existing Submitter, Submitter ID: Region C Submitter ID C08495979, Submitter Name: Availity LLC, Submitter Type: Clearinghouse Form 3 – Complete the Submitter and/or Receiver Information with the following: Entity Name - Availity LLC, Operating as a - Clearinghouse, Submitter ID: Region C Submitter ID C08495979, Address - 740 E Campbell Road, Suite 1000, Richardson, TX 75081, Contact Name - Availity Client Services, Contact Phone Number - 800.282.4548, Contact Email support@availity.com. CGS now supports DMERC Region C, but the NGS enrollment forms are still to be used.		
MEDICARE DMERC REGION C	18003		Availity Multi-payer Form	EDI Submitter Action Request Form

Availity's Electronic Remittance Advice (ERA) Health Plan Partners				
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)
		Electronic Remittance Advice (ERA) Enrollment Form as required by the CMS Change Request 8223 Phase III Electronic Remittance Advice (ERA) Enrollment Operating Rules (http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8223.pdf). This form will be used by providers to enroll their DME Provider Transaction Access Number (PTAN) and National Provider Identifier (NPI) with CEDI to receive Medicare ERA files created by the DME MACs. *New Electronic Providers (Form 1 and 3 required), Existing Electronic Enrolled Providers (Form 3 only) Form 1 – Complete the Submitter Information with the following: Submitter Status: Existing Submitter, Submitter ID: Region D Submitter ID D08607230, Submitter Name: Availity LLC, Submitter Type: Clearinghouse Form 3 – Complete the Submitter and/or Receiver Information with the following: Entity Name - Availity LLC, Operating as a - Clearinghouse, Submitter ID: Region D Submitter ID D08607230, Address - 740 E Campbell Road, Suite 1000, Richardson, TX 75081, Contact Name - Availity Client Services, Contact Phone Number - 800.282.4548, Contact Email—support@availity.com. CGS now supports DMERC Region C, but the NGS enrollment forms are still to be		
MEDICARE DMERC REGION D	19003	used.	Availity Multi-payer Form	EDI Submitter Action Request Form
		Complete the EDI enrollment form. Select Florida, then Part A, then Customize. Click "EDI enrollment form." Section A - Click the boxes for Part A and/or Part B, and Florida. Section B - Enter P8467 in the "Existing Submitter Number field". Sections C and D - Enter your information in the fields marked with a red asterisk (*). Do not complete Section E. Section F - Click "Add to existing submitter ID" and enter P8467 in the blank. Select the "Electronic Remittance (835) change (section H)". NOTE: To receive ERA files thru Availity, you must complete the Multi-Payer Electronic Remittance Advice Enrollment Form prior to submitting the EDI Enrollment form to Medicare. Section G - Complete this section if it applies to your business model. Section H - Complete this section. Check "An existing submitter/receiver ID" and enter submitter id P8467 in the blank. Do not complete Section I. Complete the EDI enrollment form, print, sign, date and return all pages to: FCSO Medicare EDI, P.O. Box 44071 - 3C, Jacksonville, FL 32031-4071 or Fax: (904) 361-0470. You will receive an acknowledgement from FCSO once they process your request form. For questions concerning the forms, contact		
MEDICARE PART A FLORIDA	09101	the Medicare EDI help desk 888.670.0940.	Availity Multi-payer Form	EDI enrollment form

Availity's Electronic Remittance Advice (ERA) Health Plan Partners					
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)	
		Click this link and complete the required ERA enrollment: http://apps.ngsmedicare.com/applications/edisubmitteractionrequest.aspx?CatID=2 Complete each field marked with an asterisk. The items below must contain Availity's information: Entity Name - Availity LLC, Street - P.O Box 550857, Contact Name - Availity Client Services City/State/Zip - Jacksonville, FL 32255, Phone Number - 800.282.4548, Email - support@availity.com, Fax Number - 904-470-4773, Submitter ID - ZAHW, Contractor Code - Part A IL 00131, Are you a Clearinghouse or Third Party Service - Yes, Are you a Vendor - No, Network Service Vendor - IVANS			
MEDICARE PART A ILLINOIS (ADMINISTAR)	12M08	Contact the NGS EDI Help Desk at 877-273-4334 for any questions concerning the form.	Availity Multi-payer Form	See Additional Information for instructions	
		Please complete Availity's Multi-payer enrollment form prior to visiting the payer's site and completing ERA enrollment with the payer. Information required for payer enrollment: a. Company Name – Availity LLC b. Trading Partner Id – CH00033 c. Do not select Availity LLC to 'Manage Vendor' account The Assigned Submitter ID must go in Loop 1000A, NM109. For questions, call EDI Support Services at			
MEDICARE PART A WASHINGTON	02001	Please complete Availity's Multi-payer enrollment form prior to visiting the payer's site and completing ERA enrollment with the payer. Information required for payer enrollment: a. Company Name – Availity LLC b. Trading Partner Id – CH00033 c. Do not select Availity LLC to 'Manage Vendor' account The Assigned Submitter ID must go in Loop 1000A, NM109. For questions, call EDI Support Services at	Availity Multi-paver Form	EDISS Total OnBoarding	
MEDICARE PART B ALASKA MEDICARE PART B ARIZONA	00831	Please complete Availity's Multi-payer enrollment form prior to visiting the payer's site and completing ERA enrollment with the payer. Information required for payer enrollment: a. Company Name – Availity LLC b. Trading Partner Id – CH00033 c. Do not select Availity LLC to 'Manage Vendor' account The Assigned Submitter ID must go in Loop 1000A, NM109. For questions, call EDI Support Services at 800.967.7902.	Availity Multi-payer Form Availity Multi-payer Form	EDISS Total OnBoarding EDISS Total OnBoarding	

Availity's Electronic Remittance Advice (ERA) Health Plan Partners				
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)
		Complete the EDI enrollment form. Select Florida, then Part B, then Customize. Click "EDI enrollment form."		
		Section A - Click the boxes for Part A and/or Part B. and		
		Florida. Section B - Enter P8467 in the "Existing Submitter		
		Number field". Sections C and D - Enter your information in		
		the fields marked with a red asterisk (*). Do not complete		
		Section E. Section F - Click "Add to existing submitter ID"		
		and enter P8467 in the blank. Select the "Electronic Remittance (835) change (section H)". NOTE: To receive		
		ERA files thru Availity, you must complete the Multi-Payer		
		Electronic Remittance Advice Enrollment Form prior to		
		submitting the EDI Enrollment form to Medicare. Section G		
		- Complete this section if it applies to your business model.		
		Section H - Complete this section. Check "An existing submitter/receiver ID" and enter submitter id P8467 in the		
		blank. Do not complete Section I. Complete the EDI		
		enrollment form, print, sign, date and return all pages to:		
		FCSO Medicare EDI, P.O. Box 44071 - 3C, Jacksonville,		
		FL 32031-4071		
		or Fax: (904) 361-0470. You will receive an		
		acknowledgement from FCSO once they process your request form. For questions concerning the forms, contact		
MEDICARE PART B FLORIDA	09102		Availity Multi-paver Form	EDI enrollment form
MEDIO/MET/MT BTESMB/	00102	the Medicare Est help deak coolor close to.	TVality Water payor Form	<u>EBI ell'elliment form</u>
		Please complete Availity's Multi-payer enrollment form prior		
		to visiting the payer's site and completing ERA enrollment		
		with the payer. Information required for payer enrollment:		
		a. Company Name – Availity LLC b. Trading Partner Id – CH00033		
		c. Do not select Availity LLC to 'Manage Vendor' account		
		,		
		The Assigned Submitter ID must go in Loop 1000A,		
MEDICARE BART RIDALIO	00000	NM109. For questions, call EDI Support Services at	Accessing Advised to the Control of	EDIOC Tetal Cap a sadio a
MEDICARE PART B IDAHO	02202	800.967.7902.	Availity Multi-payer Form	EDISS Total OnBoarding

Availity's Electronic Remittance Advice (ERA) Health	Plan Partners			
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)
		Please click the NGS_ERA enrollment form to the right. Go to the "Part B" column and select "EDI"; Accept the		
		attestation terms; and in the 'Enrollment Information section		
		select "Enrollment Forms and Information". Select the		
		transactions the provider is authorizing Availity to exchange		
		with NGS (837,276/277,835). * You must already be		
		enrolled for ERAs with Availity before selecting 835 for your		
		ERAs to be delivered. If you are a new provider with NGS,		
		please complete the "EDI Enrollment Agreement Form" and		
		"EDI Third-Party Authorization Form" and "ERA Enrollment		
		Form". If you are a current provider with NGS and you are		
		only changing clearinghouses, then please complete only		
		the "EDI Third-Party Authorization Form". The "ERA		
		Enrollment Form" is always required if you are a new/existing provider making any changes to the 835		
		transactions. The information needed to complete the "EDI		
		Enrollment Agreement Form": Submitter Status: Existing		
		Submitter, Submitter ID: 70000, Submitter Name: Availity,		
		L.L.C., Submitter Type: Clearinghouse, Contractor Code:		
		Part B IL 06102. The information needed to complete the		
		"EDI Third-Party Provider Authorization Form": Name:		
		Availity LLC, Operating as a: Clearinghouse, Submitter ID:		
		70000, Address: 10752 Deerwood Park Blvd. #110, City:		
		Jacksonville State: FL Zip: 32256, Contact Name: Client		
		Services, Phone Number: 800-282-4548, Email address:		
MEDICADE DADE DI UNIQUO MOS	00400	support@availity.com.		NOC 504 5 11 1 5
MEDICARE PART B ILLINOIS NGS	06102	Section E: COMPLETE THE VENDOR, BILLING	Availity Multi-payer Form	NGS ERA Enrollment Form
		SERVICE. AND/OR CLEARINGHOUSE INFORMATION:		
		Who will be preparing the electronic claims? Select which		
		applies to you. Do not enter Availity. Availity does not		
		prepare claims. Who will be submitting the electronic claim		
		files? Select Clearinghouse and enter Availity LLC. Section		
		F: REQUEST TYPE: Select Add to existing submitter ID -		
		Enter Submitter ID L0733		
		PAYER ERA ENROLLMENT FORM URL:		
		https://www.novitas-		
MEDICARE PART B LOUISIANA	07202	solutions.com/edi/enrollment/pdf/8292.pdf	Availity Multi-payer Form	
MEDICARE PART B LOUISIANA	0/202		Availity with payer Form	

Availity's Electronic Remittance Advice (ERA) Health	Plan Partners			
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)
		Please click the NGS_ERA enrollment form to the right. Go to the "Part B" column and select "EDI"; Accept the attestation terms; and in the 'Enrollment Information section select "Enrollment Forms and Information". Select the transactions the provider is authorizing Availity to exchange with NGS (837,276/277,835). * You must already be enrolled for ERAs with Availity before selecting 835 for your ERAs to be delivered. If you are a new provider with NGS, please complete the "EDI Enrollment Agreement Form" and "EDI Third-Party Authorization Form" and "ERA Enrollment Form". If you are a current provider with NGS and you are only changing clearinghouses, then please complete only the "EDI Third-Party Authorization Form". The "ERA Enrollment Form" is always required if you are a new/existing provider making any changes to the 835 transactions. The information needed to complete the "EDI Enrollment Agreement Form": Submitter Status: Existing Submitter, Submitter ID: 70000, Submitter Name: Availity, L.L.C., Submitter Type: Clearinghouse, Contractor Code: Part B MN 06202. The information needed to complete the "EDI Third-Party Provider Authorization Form": Name: Availity LL.C, Operating as a: Clearinghouse, Submitter ID: 70000, Address: 10752 Deerwood Park BIvd. #110, City: Jacksonville State: FL Zip: 32256, Contact Name: Client Services, Phone Number: 800-282-4548, Email address:		
MEDICARE PART B MINNESOTA NGS	06202	support@availity.com.	Availity Multi-payer Form	NGS ERA Enrollment Form
MEDICARE PART B NEW MEXICO	04212	Please complete Availity's Multi-payer enrollment form prior to visiting the payer's site and completing ERA enrollment with the payer. ERA receiver number = EJ40230. For Novitas ERA Enrollment Form: Section E: COMPLETE THE VENDOR, BILLING SERVICE, AND/OR CLEARINGHOUSE INFORMATION: Who will be preparing the electronic claims? Select which applies to you. Do not enter Availity. Availity does not prepare claims. Who will be submitting the electronic claim files? Select Clearinghouse and enter Availity LLC. Section G: ELECTRONIC REMITTANCE ADVICE (ERA): Select Assign ERA to an existing submitter/receiver ID: enter submitter ID EJ40230.	Availity Multi-paver Form	Novitas ERA Enrollment Form

Availity's Electronic Remittance Advice (ERA) Health Plan Partners					
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)	
	2424	Please complete Availity's Multi-payer enrollment form prior to visiting the payer's site and completing ERA enrollment with the payer. ERA receiver number = EJ40960. For Novitas ERA Enrollment Form: Section E: COMPLETE THE VENDOR, BILLING SERVICE, AND/OR CLEARINGHOUSE INFORMATION: Who will be preparing the electronic claims? Select which applies to you. Do not enter Availity. Availity does not prepare claims. Who will be submitting the electronic claim files? Select Clearinghouse and enter Availity LLC. Section G: ELECTRONIC REMITTANCE ADVICE (ERA): Select Assign ERA to an existing submitter/receiver ID:			
MEDICARE PART B OKLAHOMA	04312	enter submitter ID EJ40960.	Availity Multi-payer Form	Novitas ERA Enrollment Form	
		Please complete Availity's Multi-payer enrollment form prior to visiting the payer's site and completing ERA enrollment with the payer. Information required for payer enrollment: a. Company Name – Availity LLC b. Trading Partner Id – CH00033 c. Do not select Availity LLC to 'Manage Vendor' account			
		The Assigned Submitter ID must go in Loop 1000A,			
MEDICARE PART B OREGON	02302	NM109. For questions, call EDI Support Services at 800.967,7902.	Availity Multi-payer Form	EDISS Total OnBoarding	
MEDICARE PART B TEXAS	04412	Polease complete Availity's Multi-payer enrollment form prior to visiting the payer's site and completing ERA enrollment with the payer. ERA receiver number = E13075. For Novitas ERA Enrollment Form: Section E: COMPLETE THE VENDOR, BILLING SERVICE, AND/OR CLEARINGHOUSE INFORMATION: Who will be preparing the electronic claims? Select which applies to you. Do not enter Availity. Availity does not prepare claims. Who will be submitting the electronic claim files? Select Clearinghouse and enter Availity LLC. Section G: ELECTRONIC REMITTANCE ADVICE (ERA): Select Assign ERA to an existing submitter/receiver ID: enter submitter ID E13075.	Availity Multi-payer Form	Novitas ERA Enrollment Form	
		Please complete Availity's Multi-payer enrollment form prior to visiting the payer's site and completing ERA enrollment with the payer. Information required for payer enrollment: a. Company Name – Availity LLC b. Trading Partner Id – CH00033 c. Do not select Availity LLC to 'Manage Vendor' account The Assigned Submitter ID must go in Loop 1000A,			
MEDICARE PART B WASHINGTON	02402	NM109. For questions, call EDI Support Services at 800.967.7902.	Availity Multi-payer Form	EDISS Total OnBoarding	

Availity's Electronic Remittance Advice (ERA) Health Plan Partners					
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)	
		The following Availity information is necessary on page 9 of			
		the Railroad Medicare EDI Enrollment Packet: Submitter ID - S00532, ERN Receiver ID - ER0073, Submitter Name -			
		Availity LLC, Owner Name - Lloyd Beesing, Contact Person			
		- Client Services, Phone - 800-282-4548, Fax - 904-470-			
		4773, Address - P.O. Box 550857, Jacksonville, FL 32255-			
		0857, email - support@availity.com, Claim Submission			
		Mode of Communication - Connect Direct,			
		Report/Electronic Remittance Mode of Communication -			
		Connect Direct, Request Response Format - File, Data			
		Compression - PKZIP. On page 16, check "Electronic			
		Remittance" and complete the remaining fields with your			
		information.			
		You must complete the Availity Multi-Payer Form prior to			
		submitting the EDI Enrollment form to Medicare.			
		Contact the RR EDI help desk 866.749.4301, or email			
		medicare.edi@palmettogba.com for questions		Railroad Medicare EDI Enrollment Packet (click link for	
MEDICARE RAILROAD	00882		Availity Multi-payer Form	EDI Enroll RR Pack.pdf)	
MEGA LIFE & HEALTH INS. (STUDENT	50004	NPI number is required on the Multi-Payer Registration	Accelling Adults of the France		
INSURANCE) MEMORIAL CLINICAL ASSOCIATES	59221 MCA11	Form for processing.	Availity Multi-payer Form Availity Multi-payer Form		
MEMORIAL CLINICAL ASSOCIATES	MCATI	NPI number is required on the Multi-payer Form for	Availity Multi-payer Form		
MET LIFE	87726	processing.	Availity Multi-payer Form		
METROPOLITAN HEALTH PLAN (MHP)	10850	processing.	Availty Multi-payer Form		
METITOT GETT/WTTE/ETTT ESW (MITH)	10000	NPI number is required on the Multi-payer Form for	7 Walley Maid Payor Form		
METROPOLITAN LIFE INS CO	87726	processing.	Availity Multi-payer Form		
		NPI number is required on the Multi-payer Form for			
MICHAEL REESE HMO	87726	processing.	Availity Multi-payer Form		
		Please complete Availity's Multi-payer enrollment form prior			
		to completing ERA enrollment form with the payer. Moda			
		Health requires organizations to be set up with EFT when			
MODA HEALTH (FORMERLY ODS HEALTH PLAN)	13350	requesting Electronic Remittance Advice (ERA).	Availity Multi-payer Form	Moda Health ERA Enrollment Form	
MOLINA HEALTHCARE OF UTAH	SX109		Availity Multi-payer Form		
NATIONAL IMAGING ASSOCIATES	NIA11		Availity Multi-payer Form		
NETWORK HEALTH	04332		Availity Multi-payer Form		
NEW ENGLAND FINANCIAL	80705		Assettites Maritia masses Forms	Cigna ERA 835 Enrollment	
NORTHSTAR ADVANTAGE (MHP) NORTHWEST DIAGNOSTIC CLINIC	10850 NWDC1		Availity Multi-payer Form Availity Multi-payer Form		
ONE HEALTH PLAN (ALL 50 STATES)	80705		Availity Willitt-payer FORTH	Cigna ERA 835 Enrollment	
ONE HEALTH PLAN (ALL 50 STATES) ONE HEALTH PLAN OF CALIFORNIA, INC	62308			Cigna ERA 835 Enrollment	
ONE HEALTH PLAN OF GEORGIA	62308			Cigna ERA 835 Enrollment	
ONE HEALTH PLAN OF ILLINOIS	62308			Cigna ERA 835 Enrollment	
	02000			ERA/EFT Setup-Maintenance Request	
PCA HEALTH PLANS OF TEXAS (HUMANA)	95885			System System	
, ,				ERA/EFT Setup-Maintenance Request	
PCA STAR MEDICAID	61101			System	
		Please complete the Availity Multi-payer Form prior to the			
		Centene ERA form. Option available for ERA only			
		providers. EFT providers must contact Centene for further			
PEACH STATE HEALTH PLAN	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment	

Availity's Electronic Remittance Advice (ERA) Health	n Plan Partners			
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)
		If you are signing up for ERA, you must also sign up for EFT directly with this payer. Please review the Payers' EFT\ERA enrollment instructions.		
		NOTE: The payer will notify you once EFT has been		
		approved and will require you to complete\submit the		
PHOENIX HEALTH PLAN	74647	Availity Multi-payer Form.	Availty Multi-payer Form	ERA AUTHORIZATION AGREEMENT FORM
PHYSICIANS HEALTH PLAN OF NORTHERN	40200		Augita Mariti marray Franc	PHYSICIANS HEALTH PLAN ERA ENROL
INDIANA PINNACLE PHYSICIAN MANAGEMENT ORG	12399 PPMO1		Availty Multi-payer Form Availity Multi-payer Form	<u>LMENT</u>
PINNACLE PHYSICIAN MANAGEMENT ORG	PPIVIOT		Availity Muiti-payer Form	Please contact Provider Relations at (915)-
PREFERRED ADMINISTRATORS	EPF10			532-3778 x1507 to enroll.
PREFERRED ADMINISTRATORS - CHILDREN'S				Please contact Provider Relations at (915)-
HOSPITAL	EPF11			532-3778 x1507 to enroll.
PREFERREDONE (MN)	41147		Availity Multi-payer Form	
PRESBYTERIAN NM	05003		Availity Multi-payer Form	
PRIME REMERITO OVOTEM	24424			ERA/EFT Setup-Maintenance Request
PRIME BENEFITS SYSTEM PRIMEWEST HEALTH PLAN	61101 61604		Availity Multi-payer Form	System
PRIMEWEST HEALTH PLAN	61604		Availity Muiti-payer Form	ERA/EFT Setup-Maintenance Request
RANDMARK, INC	61101			System
	01101	NPI number is required on the Multi-payer Form for		
REGENCE BLUECROSS BLUESHIELD OF OREGON	00851	processing.	Availity Multi-payer Form	
		NPI number is required on the Multi-payer Form for	·	
REGENCE BLUECROSS BLUESHIELD OF UTAH	00910	processing.	Availity Multi-payer Form	
		NPI number is required on the Multi-payer Form for		
REGENCE BLUESHIELD (WA)	00932	processing. NPI number is required on the Multi-payer Form for	Availity Multi-payer Form	
REGENCE BLUESHIELD OF IDAHO	00611	processing.	Availity Multi-payer Form	
REGENCE BLUESHIELD OF IDAHO	00011	processing.	Availity Multi-payer Form	To receive 835 transactions from payer
				RPPG1 (Resurrection Physicians Provider
				Group), please contact
RESURRECTION PHYSICIANS PROVIDER GROUP	RPPG1			provider services@msogl.com
SAMBA	62308			Cigna ERA 835 Enrollment
SANUS- HMO/PPO ST LOUIS	63665			Cigna ERA 835 Enrollment
SELECT SENIOR CLINIC	HPN11		Availity Multi-payer Form	
SELECTCARE OF OKLAHOMA	SCOK1		Availity Multi-payer Form Availity Multi-payer Form	
SELECTCARE OF TX (BEAUMONT) SELECTCARE OF TX (HOUSTON)	GTPA1 HPN11		Availity Multi-payer Form Availity Multi-payer Form	
SELECTCARE OF TX (HOGSTON)	KLSY1		Availity Multi-payer Form	
SOUTH COUNTY HEALTH ALLIANCE	41154		Availity Multi-payer Form	
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
SUNFLOWER STATE HEALTH PLAN	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only providers. EFT providers must contact Centene for further		
SUNSHINE HEALTH	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
SOMETHING THE THE THE	00003	Please complete the Availity Multi-payer Form prior to the	A County Walte-payor F Office	CONTROL LIVE GOO CHIOMHIGH
		Centene ERA form. Option available for ERA only		
		providers. EFT providers must contact Centene for further		
SUPERIOR HEALTH PLAN	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment

Availity's Electronic Remittance Advice (ERA) Health	n Plan Partners			
Payer Name	Payer ID	Additional Information	Availity Required Forms (links)	Payer Specific Forms (links)
		Please complete the Availity Multi-payer Form prior to the		
		Centene ERA form. Option available for ERA only providers. EFT providers must contact Centene for further		
SUPERIOR HEALTH PLAN CHIPS EPO	68069	instructions.	Availity Multi-payer Form	Centene ERA 835 enrollment
TEXAN PLUS (BEAUMONT)	GTPA1	instituctions.	Availity Multi-payer Form	Centerie ETA 033 enfoliment
TEXAN PLUS (HOUSTON)	HPN11		Availity Multi-payer Form	
TEXAN PLUS (KELSEY-SEYBOLD)	KLSY1		Availity Multi-payer Form	
TEXAS FIRST HEALTH PLANS	TX1ST		Availity Multi-payer Form	
TEXAS FIRST HEALTH PLANS (TIOPA)	TOPA1		Availity Multi-payer Form	
TODAYS HEALTH	WITH1		Availity Multi-payer Form	
TRIBUTE (SELECTCAREOK)	SCOK1		Availity Multi-payer Form	
		Please complete Availity's Multi-payer enrollment form prior		
		to visiting the payer's site and completing ERA enrollment		
UCARE	52629	with the payer.	Availity Multi-payer Form	Provider Payment Election Form
		NPI number is required on the Multi-payer Form for		
UNITED BEHAVIORAL HEALTH	87726	processing. NPI number is required on the Multi-payer Form for	Availity Multi-payer Form	
LINITEDUEALTHOADE	07700		Accellity Adulting access France	
UNITEDHEALTHCARE UNITEDHEALTHCARE COMMUNITY PLAN/TN	87726	processing. NPI number is required on the Multi-Payer Registration	Availity Multi-payer Form	
(FORMERLY AMERICHOICE TN:TENNCARE,		Form for processing.		
SECURE PLUS. COMPLETE)	95378	officessing.	Availity Multi-payer Form	
SECONETEOS, COMITEETE)	95570	NPI number is required on the Multi-payer Form for	Availity Multi-payer Form	
UNITEDHEALTHCARE OF FLORIDA	87726	processing.	Availity Multi-payer Form	
ONTEBRIENCHIONINE OF FEORIBA	01120	processing.	7 trainty Walt payor Form	
UNITEDHEALTHCARE OF THE MID ATLANTIC INC	04567		Availity Multi-payer Form	
	0.007		wanty wait payer i em	The client will need to enroll for payer id
				36273 in order to begin receiving electronic
				remits for Ovations AARP. Please have the
				provider use the provider portal
				https://aarpprovideronlinetool.uhc.com_to
				access this specific remit online. Once they
				log in, they can access ACH Deposit
		Please complete Availity's Multi-payer enrollment form prior		information and download 835s by selecting
		to visiting the payer's site and completing ERA enrollment		the "Electronic Payments and Statements"
UNITEDHEALTHCARE OVATIONS AARP	36273	with the payer.	Availity Multi-payer Form	page.
UNITEDHEALTHCARE PLAN OF THE RIVER	05070	NPI number is required on the Multi-Payer Registration	Accellity Adulting access France	
VALLEY	95378	Form for processing. NPI number is required on the Multi-Payer Registration	Availity Multi-payer Form	
UNITEDHEALTHCARE WEST	87726	Form for processing.	Availity Multi-payer Form	
US FAMILY HEALTH PLAN (USFHP) - TEXAS AND	01120	Select "835 EDI Enrollment Form" under Electronic Claims	Availity Muiti-payer Form	
LOUISIANA	USFHP	Filing area.		USFHP ERA Enrollment Form
VILLAGE FAMILY PRACTICE	VFP11	Trining aroa.	Availity Multi-payer Form	SOLITI ELVA ENIONINCIELI OTTI
VIRGINIA PREMIER COMPLETECARE	VPCCI		Availity Multi-payer Form	ERA Enrollment Form
VIRGINIA PREMIER COMPLETECARE	VPCCP		Availity Multi-payer Form	ERA Enrollment Form
WELLCARE HMO	14163		Availity Multi-payer Form	
				ERA/EFT Setup-Maintenance Request
WISCONSIN EMPLOYERS GROUP	61101			System
		Please see Availity's Workers' Compensation Companion		
WORKERS' COMPENSATION (ALL PAYERS)	VARIOUS	Guide for additional information	Availity Multi-payer Form	

waility's Business to Business (B2B) Health Plan	Partners							
					Supported	Transactions & Payer	Required Payer ID	
Payer Name	Premium	XML Receiver (Payer)Values	Eligibility & Benefits (270)	Claims Status (276)	Authorization & Referral (278)	Health Care Claim (837)	Health Care Encounters (837)	Additional Information
BSOLUTE TOTAL CARE		CENTENE	68069	68069				
ETNA	\$	AETNA	AETNA	AETNA				EDI submitters located in the IL, NM, OK, OR, TX, and WA region require Advanced Clearinghouse enrollment for this payer. Please contact your practice management vendor or
SURIS VMED		ASURIS_NORTHWEST_HEALTH AVMED	93221 592742907	93221				advancedclearinghouse@availity.com for further details.
LUECROSS BLUESHIELD (BCBS) IL HCSC		BCBSIL	G00621	G00621				
UECROSS BLUESHIELD (BCBS) IL HCSC .UECROSS BLUESHIELD (BCBS) KANSAS CITY		BCBSKC	BCBSKC	BCBSKC				
UECROSS BLUESHIELD (BCBS) MN		BCBSMN	00720	00720				
UECROSS BLUESHIELD (BCBS) NM HCSC		BCBSNM	G00790	G00790				
UECROSS BLUESHIELD (BCBS) OK HCSC		BCBSOK	G00840	G00840				
UECROSS BLUESHIELD (BCBS) TX HCSC		BCBSTX		G84980				
RIDGESPAN		BRIDGESPAN	BRIDG	BRIDG				
RIDGEWAY HEALTH SOLUTIONS		CENTENE	68069	68069				
JCKEYE COMMUNITY HEALTH PLAN		CENTENE	68069	68069				
ALIFORNIA HEALTH AND WELLNESS		CENTENE	68069	68069				
ARESOURCE OF OHIO		CARESOURCE OF OHIO	31114	31114				The dependent loop is not supported on inquiries. Patient is alwaysubscriber.
ELTICARE HEALTH PLAN		CENTENE	68069	68069				
ENPATICO BEHAVIORAL HEALTH		CENTENE	68068	68068				
ENTRAL SENIOR CARE		XCLR003	HPN11	HPN11				
IGNA		CIGNA	62308	62308				
OORDINATED CARE		CENTENE	68069	68069				
LORIDA BLUE		BCBSF	BCBSF	BCBSF	BCBSF	BCBSF		
ORIDA HEALTH CARE PLANS		FLORIDA HEALTH CARE PLANS	593222484	593222484				
LORIDA TRUE HEALTH		FLORIDATRUEHEALTH	45408	45408				
RESENIUS MEDICAL CARE HEALTH PLAN		XCLR003	FMCHP	FMCHP				
ENERATIONS HEALTHCARE		XCLR003	GHEDI	GHEDI				
OLDEN TRIANGLE PHYSICIAN ALLIANCE		XCLR003	HPN11	HPN11				
RANITE STATE HEALTH PLAN		CENTENE	68069	68069				
ARMONY HEALTH PLAN FAI THEASE		WELLCARE HEALTH PLANS WELLCARE HEALTH PLANS	14163 14163	14163 14163				
EALTHEASE KIDS		WELLCARE HEALTH PLANS	14163	14163				
ERITAGE PHYSICIAN NETWORK (HOUSTON)		XCLR003	HPN11	HPN11				
OME STATE HEALTH PLAN		CENTENE	68069	68069				
UMANA		HUMANA	HUMANA	61101	HUMANA	61101	61102 & 61105	
UMANA-CARESOURCE		HUMANA-CARESOURCE	KYCS1	KYCS1	110,100,000			
LINICARE HEALTH PLAN		CENTENE	68069	68069				
ATY MEDICAL GROUP		XCLR003	HPN11	HPN11				
OUISIANA HEALTHCARE CONNECTIONS		CENTENE	68069	68069				
AGNOLIA		CENTENE	68069	68069				
ANAGED HEALTH SERVICES - WI		CENTENE	68069	68069				
ANAGED HEATLH SERVICES - IN EDICAID FLORIDA	\$	CENTENE FL MEDICAID	77027	77027				EDI submitters located in the IL, NM, OK, OR, TX, and WA regio require Advanced Clearinghouse enrollment for this payer. Please
	·	-						contact your practice management vendor or advancedclearinghouse@availity.com for further details.
EMORIAL CLINICAL ASSOCIATES		XCLR003	HPN11	HPN11	1			
ORTHWEST DIAGNOSTIC CLINIC		XCLR003	HPN11	HPN11	 			
OVASYS HEALTH HANA HEALTH PLAN		WELLCARE HEALTH PLANS	14163	68069	+			
ANA HEALTH PLAN EACH STATE HEALTH PLAN		CENTENE	68069	14163 68069	1			
NNACLE PHYSICIAN MANAGEMENT ORG		XCI R003	HPN11	HPN11	1			
RESTIGE HEALTH CHOICE		PRESTIGEHEALTHCHOICE	45056	45056	1			
EGENCE BLUECROSS BLUESHIELD OF OREGON		REGENCE BCBS OF OREGON	00851	00851				
GENCE BLUECROSS BLUESHIELD OF UTAH		REGENCE BCBS OF UTAH	00910	00910				
GENCE BLUESHIELD (WA)		REGENCE BS OF WASHINGTON	00932	00932				
GENCE BLUESHIELD OF IDAHO		REGENCE BS OF IDAHO	00611	00611				
LECT SENIOR CLINIC		XCLR003	HPN11	HPN11				
LECTCARE OF OKLAHOMA		XCLR003	SCOK1	SCOK1				
LECTCARE OF TEXAS (BEAUMONT)		XCLR003	HPN11	HPN11				
LECTCARE OF TEXAS (HOUSTON)		XCLR003	HPN11	HPN11				
LECTCARE OF TEXAS (INTEGRANET)		XCLR003	HPN11	HPN11	1			
LECTCARE OF TEXAS (KELSEY-SEYBOLD)	_	XCLR003 WELLCARE HEALTH PLANS	HPN11	HPN11	 			
AYWELL AYWELL KIDS		WELLCARE_HEALTH_PLANS WELLCARE HEALTH PLANS	14163	14163	 			
NFLOWER STATE HEALTH PLAN		CENTENE	14163 68069	14163 68069	1			
					1			
NSHINE HEALTH PERIOR HEALTH PLAN		CENTENE CENTENE	68069 68069	68069 68069	 			
		IXCLR003	68069 HPN11	68069 HPN11	1			
XAN PLUS (INTEGRANET) XAN PLUS (KELSEY-SEYBOLD)		XCLR003	HPN11 HPN11	HPN11 HPN11	 			
		XCLR003 XCLR003	TX1ST	TX1ST	+			
XAS FIRST HEALTH PLANS XAS FIRST HEALTH PLANS (TIOPA)		XCLR003	TX1ST	TX1ST	1			
DDAY'S HEALTH		XCLR003	WITH1	WITH1	1			
ITEDHEAI THCARE		UNITEDHEALTHCARE	87726	87726	1			
	_		HPN11	HPN11			1	
ILLAGE FAMILY PRATICE		XCLR003						

Availity's Web Portal Health Plan F	artners																	
Payer Name	Payer ID	Enrollment Required	Prof Claims (837)	Inst Claims (837)	Claim Status Inquiry (276/277)	Eligibility & Benefits Inquiry (270/271)	Online Remittance Advice (835)	Remittance viewer	Claim Reconciliation / Research	Authorization & Referral Submission (278)	Authorization & Referral Inquiry (278)	Authorization & Referral Update (278)	Patient cost estimator	Card swipe	Patient care summary	Care Reminder - Eligibility and Benefits	Patient payment s	Additional Information
ABSOLUTE TOTAL CARE	68069		SC	SC	SC	SC		SC										
ADVOCATE MEDICAL GROUP	36320		TX	TX				TX										
ADVOCATE PHYSICIAN PARTNERS	65093		TX	TX				TX										
AETNA	60054		ALL	ALL	ALL	ALL		ALL		ALL	ALL		ALL					
AMBETTER OF ARKANSAS	68069		AR	AR														
AMBETTER FROM MAGNOLIA HEALTH PLAN	68069		MS	MS														
AMBETTER FROM SUNSHINE HEALTH AMBETTER FROM BUCKEYE COMMUNITY	68069		FL	FL														
HEALTH PLAN	68069		ОН	ОН														
AMBETTER FROM PEACH STATE HEALTH PLAN	68069		GA	GA														
AMBETTER FROM SUPERIOR HEALTH PLAN	68069		TX	TX														
AMBETTER FROM MANAGED HEALTH SERVICES			IN	IN														
AMBETTER FROM COORDINATED CARE	68069		WA	WA														
AMBETTER FROM CELTICARE HEALTH PLAN	68069		MA	MA														
AMERICAS 1ST CHOICE HEALTH PLAN	AFS01					FL												
AMERICAS 1ST CHOICE INSURANCE OF NC (AFN)	AFN01					FL												
(AFN)			FL, GA,	FL, GA,														
AMERIGROUP	AGPMEDICAID		KS, LA, MD, NJ, NM, NV, TN, TX, WA	KS, LA, MD, NJ, NM, NV, TN, TX, WA	FL, GA, KS, LA, MD, NJ, NM, NV, TN, TX, WA	FL, GA, KS, LA, MD, NJ, NM, NV, TN, TX, WA												
ANTHEM CA	47198		CA	CA	CA	CA				CA					CA	CA		Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Precertification and Secure Messaging.
ANTHEM CO	00050		со	со	со	со				со					со	со		Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Precertification and Secure Messaging.
ANTHEM CT	00060		СТ	СТ	ст	ст				СТ					ст	ст		Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Precertification and Secure Messaging.
ANTHEM IN	00130			IN	IN	IN				IN					IN	IN		Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Precertification and Secure Messaging.
ANTHEM IN	00630		IN		IN	IN				IN					IN	IN		Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Precertification and Secure Messaging.
ANTHEM KY	00160			кү	кү	кү				KY					кү	КУ		Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Precertification and Secure Messaging.
ANTHEM KY	00660		KY		кү	KY				KY					кү	ку		Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Precertification and Secure Messaging.
ANTHEM ME	00180			ME	ME	ME				ME					ME	ME		Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Precertification and Secure Messaging.

Availity's Web Portal Health Plan Pa	rtners																	
Payer Name	Payer ID	Enrollment Required	Prof Claims (837)	Inst Claims (837)	Claim Status Inquiry (276/277)	Eligibility & Benefits Inquiry (270/271)	Online Remittance Advice (835)	Remittance viewer	Claim Reconciliation / Research	Authorization & Referral Submission (278)	Authorization & Referral Inquiry (278)	Authorization & Referral Update (278)	Patient cost estimator	Card swipe	Patient care summary	Care Reminder - Eligibility and Benefits	Patient payment s	Additional Information
ANTHEM ME	00680		ME		ME	ME				ME					ME	ME		Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Precertification and Secure Messaging.
ANTHEM MO	00241		МО	МО	МО	МО				МО					МО	МО		Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Precertification and Secure Messaging.
ANTHEM NH	00270			NH	NH	NH				NH					NH	NH		Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Precertification and Secure Messaging.
ANTHEM NH	00770		NH		NH	NH				NH					NH	NH		Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Precertification and Secure Messaging.
ANTHEM NV	00265		NV	NV	NV	NV				NV					NV	NV		Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Precertification and Secure Messaging.
ANTHEM OH	00332			ОН	ОН	ОН				он					ОН	ОН		Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Procertification and Secure Messaging.
ANTHEM OH	00834		ОН		ОН	ОН				он					ОН	ОН		Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Precertification and Secure Messaging.
ANTHEM VA	423		VA	VA	VA	VA												Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Precertification and Secure Messaging.
ANTHEM WI	00950		WI	WI	WI	WI				WI-Link					WI	WI		Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: Radiology Precertification and Secure Messaging.
ASURIS NORTHWEST HEALTH ATRIO HEALTH PLANS	93221 ATRIO		WA	WA	WA	WA		WA ALL								-		
AVMED	59274		FL	FL		FL		MLL	-					1				
BLUECROSS BLUESHIELD (BCBS) AZ	53589		AZ	AZ														
BLUECROSS BLUESHIELD (BCBS) GA	00601		GA		GA	GA									GA	GA		
BLUECROSS BLUESHIELD (BCBS) GA	00101			GA	GA	GA									GA	GA		
BLUECROSS BLUESHIELD (BCBS) IL HCSC	00621		IL	IL	IL	IL		IL	IL	IL-Link			IL	IL	IL	-	1	
BLUECROSS BLUESHIELD (BCBS) KANSAS CITY	47171				KS, MO	KS, MO								KS, MO	KS, MO			
BLUECROSS BLUESHIELD (BCBS) KS	47163				KS	KS								KS			KS	Medical Policy Link available for
BLUECROSS BLUESHIELD (BCBS) MN	00220		MN	MN	MN	MN		MN										BCBSMN members on Eligibility & Benefits Summary page
BLUECROSS BLUESHIELD (BCBS) MN	00720		MN	MN	MN	MN		MN										Medical Policy Link available for BCBSMN members on Eligibility & Benefits Summary page
BLUECROSS BLUESHIELD (BCBS) NM HCSC	00790		NM	NM	NM	NM		NM	NM	NM-Link				NM	NM			
BLUECROSS BLUESHIELD (BCBS) OK HCSC	00840		OK	OK	OK	OK		OK	OK	OK-Link			TV	OK	OK	-		
BLUECROSS BLUESHIELD (BCBS) TX HCSC	84980		TX	TX	TX	TX		TX	TX	TX-Link			TX	TX	TX	l		

Availity's Web Portal Health Plan P	artners																	
Payer Name	Payer ID	Enrollment Required	Prof Claims (837)	Inst Claims (837)	Claim Status Inquiry (276/277)	Eligibility & Benefits Inquiry (270/271)	Online Remittance Advice (835)	Remittance viewer	Claim Reconciliation / Research	Authorization & Referral Submission (278)	Authorization & Referral Inquiry (278)	Authorization & Referral Update (278)	Patient cost estimator	Card swipe	Patient care summary	Care Reminder - Eligibility and Benefits	Patient payment s	Additional Information
BRIDGESPAN	BRIDG		ID, OR, UT, WA	ID, OR, UT, WA	ID, OR, UT, WA	ID, OR, UT, WA		ID, OR, UT, WA										
BRIDGEWAY HEALTH SOLUTIONS	68069		AZ	AZ	AZ	AZ		AZ										
BUCKEYE COMMUNITY HEALTH PLAN	68069				OH	ОН		ОН										
CALIFORNIA HEALTH AND WELLNESS CARECENTRIX	68069 11345	х	CA ALL	CA ALL	CA	CA		CA										
CARECENTRIX	95092	Х	FL	ALL														
CAREPLUS	95093		1.2	FL														
CARESOURCE OF OHIO	31114				ОН	ОН												
CAROLINA CARE PLAN	29076				OH	OH												
CCSTPA	CCSTPA		ALL	ALL	ALL	ALL		ALL										
CELTICARE HEALTH PLAN	68069				MA	MA		MA										
CENPATICO BEHAVIORAL HEALTH	68068		TTD C	771	NH			T1/										
CENPATICO TEXAS CIGNA	68053 CIGNA		TX ALL	TX ALL	ALL	ALL		TX ALL					ALL					
CITRUS HEALTH CARE	10207		ALL	ALL	FL	FL		ALL					ALL					
CMCS MEDICARE ADVANTAGE	35219		ALL	ALL	1.2													
CMS MMA SPECIALTY PLAN	M3FL0012		ALL	ALL														
COORDINATED CARE	68069		WA	WA	WA	WA		WA										
CORRECTCARE - INTEGRATED HEALTH	CCIH		CA	CA									-					
EMPIRE BC - NY	00303	х	NY	NY	NY	NY												Please complete the sleps cutlined in the ANTHEM and Empire Help topics to register users for Anthem and Empire Services which include: American Specially Health(AIM), Secure Messaging and Empire Provider and Empire Facility Portals.
EMPIRE BCBS - NY	00803	x	NY	NY	NY	NY												Please complete the steps outlined in the ANTHEM and Empire Help topics to register users for Anthem and Empire Services which include: American Specially Health(AIM), Secure Messaging and Empire Provider and Empire Facility Portals.
FLORIDA BLUE	00590		FL	FL	FL	FL	FL	FL	FL	FL	FL	FL	FL	FL	FL			Patient Communication (Online Visits) offered for this payer
FLORIDA HEALTH CARE PLAN (FHCP)	59322				FL	FL		FL										
FLORIDA TRUE HEALTH	03024				FL	FL												
FREEDOM 1ST (FRM)	FRM01					FL												
FREEDOM HEALTH INC. (FRH) FRESENIUS MEDICAL CARE	FRH01 FMCHP		TX	TX		FL TX												
GENERATIONS	GHEDI		TX	TX		1.4												
GOLDEN TRIANGLE PHYSICIANS	GTPA1		TX	TX														
GRANITE STATE HEALTH PLAN	68069		NH	NH	NH	NH												
HARMONY HEALTH PLAN HEALTH CARE DISTRICT OF PALM BEACH	14163				IL, IN, MO	IL, IN, MO												
COUNTY (HCDPBC)	CALL		FL															
HEALTHEASE	14163				FL	FL												
HEALTHEASE KIDS HEALTHPARTNERS	14163 07003	х	ALL	ALL	FL	FL		ALL										
HEALTHPLUS AMERIGROUP	AGPMEDICAID		NY	NY	NY	NY												
HEALTHSPAN INTEGRATED CARE	KP014		ОН	ОН	ОН	ОН		ОН										
HEALTHSUN HEALTH PLAN	HESUN		FL	FL														
HERITAGE PHYSICIAN NETWORKS	HPN11		TX	TX				TX										
HOME STATE HEALTH PLAN	68069		MO	MO	MO	MO		MO				1						
HUMANA HUMANA-CARESOURCE	61101 KYCS1		ALL	ALL	ALL KY	ALL KY	ALL	ALL	ALL	ALL	ALL		ALL	ALL	ALL	ALL		
ILLINICARE HEALTH PLAN	68069		IL	IL	IL.	IL		IL										
KATY MEDICAL GROUP (SELECTCARE TX)	KMG11		TX	TX	-	_		TX										
KELSEY-SEYBOLD (SELECTCARE TX)	KLSY1		TX	TX				TX										
LEON MEDICAL CENTER HEALTH PLAN	65055		FL	FL														-
LIFEMAP	RLH01		OR	OR				OR										
LIFESYNCH	61104		ALL	ALL	1.			ALL										
LOUISIANA HEALTHCARE CONNECTIONS MAGNOLIA HEALTH PLAN	68069 68069		LA	LA	LA MS	LA MS		LA MS										
MANAGED HEALTH SERVICES - IN	68069		IN	IN	IN	IN		IN										
MANAGED HEALTH SERVICES - IVI	68069		.14		WI	WI		WI										
MED3000 CMS EARLY STEPS	M3FL0010		ALL	ALL														
MED3000 CMS SAFETY NET	M3FL0011		ALL	ALL														
MED3000 CMS TITLE 21	M3FL0014		ALL	ALL														
MED3000 PEDICARE TITLE 21	M3FL0006		ALL	ALL														
MED3000 TITLE COVENTRY HEALTHY KIDS	M3FL0003	l	ALL	ALL	l	l	1	1	L			L		1	l		L	

Availity's Web Portal Health Plan P	artners																	
Payer Name	Payer ID	Enrollment Required	Prof Claims (837)	Inst Claims (837)	Claim Status Inquiry (276/277)	Eligibility & Benefits Inquiry (270/271)	Online Remittance Advice (835)	Remittance viewer	Claim Reconciliation / Research	Authorization & Referral Submission (278)	Authorization &	Authorization & Referral Update (278)	Patient cost estimator	Card swipe	Patient care summary	Care Reminder - Eligibility and Benefits	Patient payment s	Additional Information
MEDICAID FLORIDA	77027	×			FL	FL		FL							FL			Complete Availity FL Medicaid Registration Instructions so that Availity can receive the 271s or 277s for your requests.
MEDICAID KENTUCKY	AIDKY	Х			KY	KY		KY										
MEDICAID VIRGINIA	AIDVA	Х				VA		VA										
MEDICAL MUTUAL OF OHIO	29076				KY, IN, OH	KY, IN, OH												
MEMORIAL CLINICAL ASSOCIATES	MCA11		TX	TX				TX										
NATIONAL MEDICAREICMS	CMS	x				CA, CO, CT, FL, GA, ID, IL, IN, KS, KY, ME, MN, MO, NH, NM, NV, OH, OK, OR, TX, UT, VA, WA, WI												
NOVASYS HEALTH	68069				AR													
NW DIAGNOSTIC CLINIC (SELECTCARE TX)	NWDC1		TX	TX				TX										
OHANA HEALTH PLAN	14163				HI	HI												
OPTIMUM HEALTHCARE INC. (OPT)	OPT01					FL												
OTHER BLUE PLANS					MO, NM, OH, OK, TX, WI	OK, TX, WI		FL, IL, IN, KY, MO, NM, OH, OK, TX, WI		FL								In the regions where Other Blue Plans is available as a payer, select this option to transact with all out of state Blue Plans. In regions where this is not an option, select the local Blue Plan to transact with all out of state Blue Plans."
PEACH STATE HEALTH PLAN	68069		GA	GA	GA	GA		GA										
PEDICARE TITLE 19	M3FL0008		ALL	ALL														
PINNACLE PHYS MGT (SELECTCARE TX)	PPMO1		TX	TX				TX										
PODIATRYFIRST PRESTIGE HEALTH CHOICE	POD1ST 45056		FL	FL	FL	FL												
QUANTUM CARE TPA	QCTPA		FI	FI	FL	FL												
REGENCE BLUECROSS BLUESHIELD OF OREGON	00851		OR	OR	OR	OR		OR		OR								
REGENCE BLUECROSS BLUESHIELD OF UTAH	00910		UT	UT	UT	UT		UT		UT								
REGENCE BLUESHIELD (WA)	00932		WA	WA	WA	WA		WA		WA								
REGENCE BLUESHIELD OF IDAHO SELECT SENIOR CARE (SELECTCARE TX)	00611 HPN11		ID TX	ID TX	ID	ID		ID TX		ID								
SELECTCARE OF TEXAS (GTPA)	GTPA1		TX	TX				TX										
SELECTCARE OF TEXAS (MCA)	MCA11		TX	TX				TX										
SENIOR CARE IPA (SELECTCARE TX)	CIPA1		TX	TX				TX										
SIMPLY HEALTHCARE STAYWELL	00199 14163		FL	FL	FL	FL												
STAYWELL KIDS	14163				FL	FL												
SUNFLOWER STATE HEALTH PLAN	68069		-		KS	KS		KS										
SUNSHINE HEALTH SUPERIOR HEALTH PLAN	68069 68069		FL TX	FL TX	FL TX			FL TX			1			1	-	1		
SUPERIOR HEALTH PLAN	SHP11		TX	TX		TX		TX										
TEXAN PLUS (SOUTHEAST TEXAS AREA)	HPN11		TX	TX		TX		TX	-				-	1				
TEXAS FIRST HEALTH PLANS (NORTH TEXAS) TEXAS FIRST HEALTH PLANS (TIOPA)	TX1ST TIOPA1		TX TX	TX TX		TX		TX TX			 			-		 		
TODAYS HEALTH	WITH1		WI	WI		WI		WI										
TRIBUTE (SELECTCARE OK)	SCOK1		OK	OK		OK		OK					-					
TRICARE SOUTH	38520	x			FL, OK, TX	FL, OK, TX												Contact (800)-325-5920 to enroll. Provider Enrollment Form may be obtained at www.mytricare.com. The 270 & 276 WEB transactions are for TRICARE South Region Only.
UNITED HEALTHCARE	87726		FL, OH, VA		FL, OH, VA	FL, OH, VA		FL, OH, VA						FL, OH, VA				
US FAMILY HEALTH PLANS	USFHP	Х				ALL		ALL		ALL								
VILLAGE FAMILY PRAC (SELECTCARE TX)	VFP11		TX	TX	CT, FL, GA,	CT, FL, GA,	-	TX						 	-	-		
WELLCARE HEALTH PLANS	14163				LA, NJ, NY, OH, TX	LA, NJ, NY, OH, TX												
WORKERS' COMPENSATION	VARIOUS		ALL	ALL				ALL										Please see Availity's Workers' Compensation Guide for more details

Work	ers' Com	pensa	tion P	ayer I	List							
Payer Name		TX	MN	CA	NY	WI	All States	Professional	Institutional	Workers'	Auto	ERA
Payer Name	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
1st AUTO & CASUALTY	J1585		Х					Х	Х	Х	Х	Х
22125 ROSCOE CORP.	41556						х	Х	Х	Х		
AAA MINNESOTA/IOWA	11983		Х					Х	Х		Х	Х
AAA NORTHERN CALIFORNIA, NEVADA & UTAH INSURANCE EXCHANGE	41556						х	Х	Х	Х		
ABC CONST. COMPANY	41556						х	Х	Х	Х		
ACADIA INSURANCE COMPANY	J1477	Х	Х					Х	Х	Х		Х
ACCIDENT FUND INSURANCE CO OF AMERICA	J1790						х	х	х	Х		Х
ACCURIDE CORPORATION	J1024	Х	Х					Х	Х	Х		Х
ACE PROPERTY & CASUALTY INS CO	41556						х	х	х	Х		
ACUITY, A MUTUAL INSURANCE COMPANY	J1240						х	х		Х		
AD-COMP	J1667						х	х	Х	Х	Х	Х
ADELANTO CORRECTIONAL FACILITY (CA)	J1798						х	Х	х	Х	Х	Х
ADELANTO SCHOOL DISTRICT (CA)	j1690						х	х	х	Х	Х	Х
ADMINISTAFF	J1241						х	х		Х		
ADMINISTRATIVE CLAIM SERVICE, INC	J1005						х	х	х	х		
ADP TOTAL SOURCE INC.	J1242						Х	х		х		
ADVANCE AMERICA CASH ADVANCE CENTERS	J1843						Х			х	Х	Х
AG FACILITIES OPERATIONS, LLC	41556						Х	х	х	х		
AGRI BEEF CO.	41556						Х	Х	х	Х		
AIG	19402						Х	X	x	X		
AIR LIQUIDE USA LLC	J1516						Х	X	x	X		Х
ALA CARTE	J1243						X	X	X	X	Х	
ALCOA FASTENERS SYSTEMS	J1244						X	X		X		
ALLEGHENY TECHNOLOGIES	J1245						X	X		X		
ALLIANZ	J1452			Х			-	X	х	X		Х
ALLIED CONSTRUCTION	J1118	х	Х			х		X	x	X		Х
ALLIED INSURANCE COMPANIES	J1550	Х	Х	х				X	x	X		Х
ALLIED PROPERTY AND CASUALTY INS CO	J1550	X	X	X				X	X	X		X
ALLMERICA FINANCIAL BENEFITS INSURANCE COM	J1589	X	X	X				X	X	X	Х	X
ALLSTATE INSURANCE COMPANY (ALL STATES EXCEPT NJ)	C1037						х	X	X	X	X	X
ALTA HEALTHCARE	41556						X	X	X	X		
ALTEC	J1246		Х					X	X	X		
ALTEC INDUSTRIES	J1247		X					X	X	X		
ALVEY SYSTEMS (AON RISK)	J1025	х	X					X	X	X		Х
ALVEY SYSTEMS (AON RISK) (AUTO ONLY)	J1248	X	X					X	X		Х	
AMCO INS CO	J1550	X	X	Х				X	X	х		Х
AMERICAN CASINO & ENTERTAINMENT PROPERTIES LLC	J1802						х	X	X	X	Х	X
AMERICA FIRST	J1427						X	X	x	X		
AMERICAN CLAIMS MANAGEMENT (ACM)	J1236						X	X	x	X	Х	
AMERICAN COIN MERCHANDISING, INC	J1026	х	Х					X	x	x	^	х
AMERICAN CYANAMID	J1027	X	X					X	×	x		X
AMERICAN FURNITURE WAREHOUSE	41556	^	^				х	X	×	x		^
AMERICAN HOME CRAFT	J1250						X	X	X	X	Х	
AMERICAN INTERSTATE	J1852	Х					- ^ -	x		X	^	
AMERICAN INTERSTATE AMERICAN LIBERTY INSURANCE COMPANY	41556	X						X	.,	X		
AMERICAN EIBERTT INSURANCE COMPANY AMERICAN SPECIALTY COMPANIES	J1028	Х	Х				Х	X	X	X		Х
									X	X		
AMERICAN SPECIALTY INS. / MIB	J1029	Х	X				 	X	X	<u> </u>	.,	X
AMERIPRISE AUTO & HOME INSURANCE	12504		Х				1	Х	Х		Х	Х

Wor	kers' Com	pensa	ition P	ayer l	List							
Payer Name		TX	MN	CA	NY	WI	All States	Professional	Institutional	Workers'	Auto	ERA
	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
AMERISAFE RISK SERVICES INC.	J1447						Х	Х	Х	Х		Х
AMERISURE INSURANCE	J1206	Х	Х					Х	Х	Х		
AMERISURE MUTUAL INSURANCE	J1205	Х	Х					Х	Х	Х		
AMGUARD INSURANCE COMPANY - GUARD DBA	J1453						Х	Х	Х	Х		Х
AMICA MUTUAL INSURANCE COMPANY	12287		Х					Х	Х		Х	Х
ANACO	41556						Х	Х	Х	Х		
ANAIC CIBUS	41556						Х	Х	Х	Х		
ANHEUSER BUSH	J1620						Х	X	Х	Х	Х	Х
ANPAC	43101		Х					X	Х		Х	
ANTELOPE VALLEY RET.	41556						Х	Х	Х	Х		
APPLIED UNDERWRITERS	J1775						Х	Х	Х	Х	Х	
ARAMARK	J1502						Х	Х	Х	Х		Х
ARCADIA INSURANCE COMPANY	J1251	Х	Х					х	Х	Х		Х
ARCHER DANIELS MIDLAND COMPANY	J1735						Х	х	Х	Х	Х	
ARGENBRIGHT HOLDINGS LIMITED	J1252		Х					х	х	Х		
ARGONAUT INSURANCE COMPANY(ARGO)	19801	Х	Х	Х				Х	Х	Х		Х
ARIZONA & 21ST CORP. DBA BERKLEY EAST CONV. HOSPITAL	41556						Х	Х	Х	Х		
ASSURANCE COMPANY OF AMERICA (COMMERCIAL ONLY)	C1034		Х					Х	Х		Х	Х
ATLANTIC MUTUAL INSURANCE	19895	Х	Х					х	х	Х		Х
AUSTIN MUTUAL INS	J1682						х	х	х	х	Х	Х
AUTO CLUB GROUP	11983		х					х	х		Х	Х
AUTO CLUB GROUP INSURANCE COMPANY	11983		х					Х	х		Х	х
AUTO CLUB INSURANCE (ACIA)	11983		х					х	х		Х	х
AUTO CLUB INSURANCE ASSOCIATION	11983		х					х	х		Х	х
AUTO CLUB PROPERTY-CASUALTY INSURANCE COMPANY	11983		х					х	х		Х	х
AUTO-OWNERS \ HOME-OWNERS INSURANCE COMPANY	J1580						х	х	х	Х	Х	X
AUTO-OWNERS \ OWNERS INSURANCE COMPANY	J1583						X	X	x	X	X	Х
AUTO-OWNERS \ PROPERTY-OWNERS INSURANCE CO	J1699						X	X	X	x	X	X
AUTO-OWNERS \ SOUTHERN-OWNERS COMPANY	J688						X	X	X	X	X	X
AUTO-OWNERS INSURANCE COMPANY	J1556						X	X	X	X	X	X
AUTO-OWNERS LIFE INSURANCE COMPANY	J1596						X	X	X	X	X	X
AUTOMOBILE DEALERS INSURANCE COMPANY INC	J1861						X	x	x	x		
AVIR INC.	41556						X	X	x	×		
AVIZENT	J1415						X	x	x	×		
AYERS TRUCKING	J1018	х	х	Х			^	X	X	X		х
BAKER TANKS, INC.	41556		^	^			х	X	X	X		^
BANK OF AMERICA	J1729						X	X	X	X	х	х
BARI MANAGEMENT (MURPHY AND BEANE)	J1533			Х	-		X	X	X	X	^	X
BARNES	J1503	-		^								
BARRETT BUSINESS SERVICES INC (BBSI)	J1686	-				-	X	X	X	X		X
BART - SAN FRANCISCO BAY AREA RAPID TRANSIT	J1686 J1770	-					X	X	X	X	Х	Х
BASIC RESOURCES, INC.	41556	-			-		X	X	X	X		
BEACON MUTUAL	J1234	-			-		X	X	X	X		<u>, , </u>
		.,	.,		1		Х	X	X	X		X
BEALL'S INC / MIDWEST EMPLOYERS	J1030	Х	Х				<u> </u>	X	X	X		X
BEAR VALLEY UNIFIED SCHOOL DISTRICT (CA)	J1690	-					X	X	X	X	Х	Х
BEEVILLE ISD	41556						Х	Х	Х	Х		
BENCHMARK INSURANCE	J1257					 	Х	Х	Х	Х	Х	ļ
BERKLEY AGRIBUSINESS RISK SPECIALISTS	J1477	Х	Х					Х	Х	X		Х

Wor	kers' Com	pensa	tion P	ayer I	List							
Dayor Nama		TX	MN	CA	NY	WI	All States	Professional	Institutional	Workers'	Auto	ERA
Payer Name	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
BERKLEY NATIONAL INSURANCE COMPANY	J1477	Х	Х					Х	х	х		Х
BERKLEY NET UNDERWRITERS, LLC	J1523						Х	Х	Х	Х		Х
BERKLEY REGIONAL INSURANCE COMPANY	J1477	Х	Х					Х	Х	Х		Х
BERKLEY RISK ADMINISTRATORS COMPANY, LLC	J1526						х	Х	Х	Х		Х
BERKLEY SPECIALTY UNDERWRITERS	TP019	Х	Х	Х				Х	Х	Х		Х
BERKLEY VALLEY CONV HOSPITAL	41556						Х	Х	Х	Х		
BERKSHIRE HATHAWAY HOMESTATE COMPANIES (BHHC)	20044			Х				Х	Х	Х		Х
BERNARDO H. CO. CLUB	41556						х	Х	Х	Х		
BERWIND CORPORATION	J1031	х	Х					Х	Х	Х		Х
BEVERLY HILLS CARMEL	41556						х	Х	Х	Х		
BIG 5 CORP	J1738						х	Х	х	х	Х	Х
BIGHORN CONSTRUCTION	41556						х	Х	х	х		
BITUMINOUS FIRE AND MARINE	J1691						х	Х	х	х	Х	Х
BITUMINOUS INSURANCE COMPANY	J1579						х	Х	х	х	Х	Х
BLOOMINGDALE'S	J1347						х	Х	х	х		Х
BMW MANUFACTURING CORP.	J1258						Х	Х		х		
BMW NORTH AMERICA	J1259						Х	Х		х		
BOBRICK WASHROOM	41556						Х	Х	х	х		
BOISE CASCADE COMPANY	J1801						X	X	x	x	х	х
BOULDER COMMUNITY HOSPITAL	41556						X	X	x	x		_ ^
BREMCO CONSTRUCTION	41556						X	X	x	x		
BRICKSTREET	J1761						X	X	x	x		
BRISTOL WEST	J1764						X	×	x	^	Х	х
BROADSPIRE. A CRAWFORD COMPANY	TP021						X	X	x	х	^	X
BROTHERHOOD MUTUAL INSURANCE	J1445	х	х	х			X	X	x	X	Х	X
BROWNSVILLE INDEPENDENT SCHOOL DISTRICT	41556	^	^	^			X	×	x	x	^	^
BROWNYARD GROUP INC. (ARCH INSURANCE)	11150	х	х					X	x	x		х
BRUNSWICK CORPORATION	J1032	X	X					X	x	X		X
BRUNSWICK CORPORATION (AUTO ONLY)	J1261	X	X					X	X	^	Х	_ ^
BUFFETS INC (OLD COUNTRY BUFFETT, RYAN'S, HOMETOWN BUFFET, FIRE			^					^	^		^	
MOUNTAIN, COUNTRY BUFFETT, GRANNY'S BUFFETT)	J1501						х	х	х	х		Х
BUNCH AND ASSOCIATES	J1435						х	x	х	х		х
BURLINGTON COAT FACTORY WAREHO	J1033	Х	х				^	X	X	X		X
BURTON WAY CARMEL	41556	_ ^	^				х	X	X	x		^
BV GENERAL (MURPHY AND BEANE)	J1533			Х			^	X	X	X		х
BYCOR GEN CONTRACT	41556			^			Х	X	X	X		^
CADET UNIFORM SUPPLY	41556						X	X	X	X		
CALIFORNIA WATER SERVICE COMPANY	41556	-					1					
CALLAHAN, MCCUNE	41556						X X	X X	X X	X X		
CAMBRIDGE INTEGRATED SERVICES	J1819											
CAMPBELL UNION SCHOOL DISTRICT							X	X	X	X		
CAPITOL INDEMNITY	41556 J1262	-			-	-	X	X	X	X		
							X	X	X	X	X	—
CAPITOL INSURANCE COMPANIES	J1809	-					X	X	X	X	Х	Х
CAPS-SIG	41556	-					X	X	X	X		
CASITAS MUNICIPAL WATER DISTRICT (CA)	J1630						Х	Х	Х	х	Х	Х
CATHOLIC DIOCESE OF SAN DIEGO	41556						Х	Х	Х	Х		
CATHOLIC MUTUAL - PREFERRED PROFESSIONAL INSURANCE COMPANY	41556				ļ	ļ	Х	Х	Х	Х		
CATHOLIC MUTUAL - VIRGINIA SURETY COMPANY, INC.	41556						Х	Х	Х	Х		

Wo	rkers' Com	pensa	ition P	ayer I	List							
Payer Name		TX	MN	CA	NY	WI	All States	Professional	Institutional	Workers'	Auto	ERA
	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
CBS STUDIOS (MURPHY AND BEANE)	J1533			Х				х	х	Х		Х
CCMSI	J1010	Х	Х					Х	Х	Х		Х
CEDARS-SINAI HEALTH SYSTEM	41556						Х	Х	Х	Х		
CENDANT CORPORATION	J1034	Х	Х					Х	Х	Х		Х
CENTENNIAL INSURANCE COMPANY	19895	Х	Х					Х	Х	Х		Х
CENTRAL CONTRA COSTA TRANSIT AUTHORITY	J1605						Х	Х	Х	Х	Х	Х
CENTRAL HOCKEY LEAGUE	J1035	Х	Х					Х	Х	Х		Х
CHANDLER'S P. VERDES	41556						Х	Х	Х	Х		
CHAPMAN CONVALESCENT	41556						Х	Х	Х	Х		
CHARMING SHOPPES, INC.	J1036	Х	Х					Х	Х	Х		Х
CHESTERFIELD SERVICES, INC.	J1479	Х	Х					Х	Х	Х		Х
CHILDREN'S HOSPITAL COLORADO	41556						Х	Х	Х	Х		
CHILDREN'S HOSPITAL OF ORANGE COUNTY - FIRST AID	41556						Х	Х	Х	Х		
CHUBB & SON	J1554	Х	Х	Х				х	Х	Х	Х	Х
CHUBB SERVICES	J1561						Х	х	Х	Х	Х	Х
CHULA VISTA ELEMENTARY SCHOOL DISTRICT	41556						Х	х	Х	Х		
CHURCH MUTUAL INSURANCE COMPANY	J1266						Х	х	х			
CHURCH MUTUAL INSURANCE COMPANY (AUTO ONLY)	J1264						Х	х	х		Х	
CHURCH MUTUAL INSURANCE COMPANY (WC ONLY)	J1265						Х	х	х	х		
CIGA	J1532			Х				х	х	х	Х	
CIM INSURANCE CORPORATION	C1028		Х					Х	Х		Х	Х
CINCINNATI INSURANCE	J1562						Х	Х	Х	Х	Х	
CITIZENS INSURANCE COMPANY OF AMERICA	J1582		Х	Х				Х	Х	Х	Х	Х
CITRUS VALLEY HEALTH PARTNERS	J1613						Х	х	Х	Х	Х	Х
CITY OF AMARILLO (AUSTIN)	J1267						Х	х	х	х		
CITY OF AMES	J1118	х	Х			Х		х	х	х		Х
CITY OF ARLINGTON	A0033	х	Х	Х				х	х	х		Х
CITY OF ASHLAND	41556						х	х	х	х		
CITY OF ATLANTA	J1516						х	х	х	х		Х
CITY OF BANNING (CA)	J1792						Х	х	х	х	Х	Х
CITY OF BARSTOW (CA)	J1793						Х	х	х	х	Х	Х
CITY OF BEAVERTON	41556						Х	х	х	х		
CITY OF BELMONT (SELF INSURED)	41556						Х	х	х	х		
CITY OF BLYTHE (CA)	J1794						Х	Х	х	х	Х	Х
CITY OF BREA	J1880						х	х	х	Х		
CITY OF CAMPBELL	41556						X	X	X	X		
CITY OF CARLSBAD	41556						X	X	X	X		
CITY OF CARMEL BY THE SEA	41556						X	X	X	X		
CITY OF CARSON	41556						X	X	X	X		
CITY OF CHULA VISTA	41556						X	X	X	X		
CITY OF COLTON	41556						X	х	X	X		
CITY OF CORONADO	41556						X	X	X	X		
CITY OF DALLAS	J1441						X	X	X	X		
CITY OF DEL MAR	41556						X	X	X	X		
CITY OF DES MOINES	J1118	х	х			Х	_^_	X	X	X		х
CITY OF DESERT HOT SPRINGS (CA)	J1799	<u> </u>	<u> </u>			_^_	х	X	X	X	х	X
CITY OF EDINBURG, TEXAS	41556	 	-		1	1	X	X	X	X		
CITY OF EL PASO	A0046	х	х	Х				X	X	X		х
OIL OI LETAGO	A00 1 0	^	^	^	<u> </u>	<u> </u>	l .	_ ^	^	^	l .	^

CITY OF PENCINTAS	Worl	kers' Com	pensa	tion P	ayer I	List							
171 OF ENCINTAS	Payor Namo		TX	MN	CA	NY	WI	All States	Professional	Institutional	Workers'	Auto	ERA
CITY OF ESCONDIDO	•		Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
STY OF FORT WORTH (IX)									Х				
CITY OF FOUNTAIN VALLEY (CA)								Х	Х	Х	Х		
CITY OF GARDENA (CA)								Х	Х	Х	Х	Х	Х
CITY OF GLENDALE (AZ)								Х	Х	Х	Х	Х	Х
CITY OF GRAND JUNCTION								Х	Х	Х	Х	Х	Х
CITY OF HILLSBORD 141566								х	Х	Х	Х	Х	Х
CITY OF HOUSTON	CITY OF GRAND JUNCTION	41556						х	Х	Х	Х		
CITY OF IMPERIAL BEACH (YOUCHER)								х	Х	Х	Х		
CITY OF IMPERIAL BEACH (VOUCHER)		J1444						х	Х	Х	Х		
CITY OF JECKSONVILLE	CITY OF IMPERIAL BEACH	41556						х	х	Х	Х		
CITY OF JACKSONNILE	CITY OF IMPERIAL BEACH (VOUCHER)	41556						х	х	Х	Х		
CITY OF LA MESA 11 (CA)								х	х	Х	Х		
CITY OF LAGUNA HILLS (CA)	CITY OF JACKSONVILLE	J1504						х	Х	Х	х		Х
CITY OF LEMON GROVE	CITY OF LA MESA 11 (CA)	J1711						х	Х	Х	Х	Х	Х
CITY OF LEWISVILLE		J1653						х	Х	Х	Х	Х	Х
CITY OF LOS ALTOS		41556						х	х	Х	Х		
CITY OF MERCED		J1268	Х	Х					х	Х	Х		
CITY OF MINNEAPOLIS	CITY OF LOS ALTOS	41556						Х	Х	Х	Х		
CITY OF MINNEAPOLIS	CITY OF LOS ANGELES	J1536						Х	Х	Х	Х		
DITY OF MONROVIA (CA)	CITY OF MERCED	41556						Х	Х	Х	Х		
CITY OF MONTEBELLO (CA)	CITY OF MINNEAPOLIS	J1269						х	Х	Х	Х		Х
CITY OF MURIETA (CA)	CITY OF MONROVIA (CA)	J1714						Х	Х	Х	Х	Х	Х
CITY OF NATIONAL CITY	CITY OF MONTEBELLO (CA)	J1640						Х	Х	Х	Х	Х	Х
CITY OF OCEANSIDE	CITY OF MURIETA (CA)	J1797						х	Х	Х	Х	Х	Х
CITY OF OMAHA (NE)	CITY OF NATIONAL CITY	41556						х	Х	Х	Х		
CITY OF ORANGE	CITY OF OCEANSIDE	41556						х	Х	Х	Х		
CITY OF ONTARIO	CITY OF OMAHA (NE)	J1721						х	Х	Х	Х	Х	Х
CITY OF PASADENA (CA)	CITY OF ORANGE	J1881						х	Х	Х	Х		
CITY OF PERRIS (CA)	CITY OF ONTARIO							х	Х	Х	Х		
CITY OF PERRIS (CA)	CITY OF PASADENA (CA)	J1657						х	х	х	Х	Х	Х
CITY OF REDDING	CITY OF PERRIS (CA)							х	х	х	х	Х	Х
CITY OF RICHARDSON 41556 x		J1617						х	х	х	х	Х	Х
CITY OF SAN JACINTO (CA) J1796 X		41556						х	х	х	х		
CITY OF SAN DIEGO J1497 x	CITY OF SALINAS	J1849						х	х	х	Х	Х	Х
CITY OF SAN DIEGO J1497 x	CITY OF SAN JACINTO (CA)	J1796						х	х	х	Х	Х	Х
CITY OF SAN MATEO (CA) J1727 x </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>х</td> <td>х</td> <td>х</td> <td>Х</td> <td></td> <td>х</td>								х	х	х	Х		х
CITY OF SANTEE 41556 x	CITY OF SAN MATEO (CA)											Х	
CITY OF SNYDER (TX) J1598 x	CITY OF SANTEE												
CITY OF SOLANA BEACH 41556 x <td>CITY OF SNYDER (TX)</td> <td></td> <td>х</td> <td>х</td> <td></td> <td></td> <td></td> <td></td> <td>х</td> <td></td> <td></td> <td>Х</td> <td>х</td>	CITY OF SNYDER (TX)		х	х					х			Х	х
CITY OF SOUTH SAN FRANCISCO 41556 x <t< td=""><td>CITY OF SOLANA BEACH</td><td></td><td></td><td></td><td></td><td></td><td></td><td>Х</td><td>х</td><td></td><td></td><td></td><td></td></t<>	CITY OF SOLANA BEACH							Х	х				
CITY OF ST PAUL (MN) J1602 x <td>CITY OF SOUTH SAN FRANCISCO</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td></td>	CITY OF SOUTH SAN FRANCISCO								х				
CITY OF STANTON (CÁ) J1636 x <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Х</td> <td>х</td>												Х	х
CITY OF STOCKTON (CA) J1664 x <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>													
CITY OF TOPEKA (KS) J1607 X													
CITY OF UPLAND (CA) J1645 X X X X X X													
												Х	
	CITY OF VISTA	41556	1					X	X	x	x		
CITY OF WACO 41556 X X X X X			1					1					

Work	ers' Com	pensa	tion P	ayer l	_ist							
Payer Name		TX	MN	CA	NY	WI	All States	Professional	Institutional	Workers'	Auto	ERA
· · · · · · · · · · · · · · · · · · ·	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
CITY OF WEST COVINA (CA)	J1649											
CITY OF WEST DES MOINES	J1118	Х	Х			Х		Х	Х	Х		Х
CITY OF WESTMINSTER (CA)	J1700						Х	Х	Х	Х	Х	Х
CITY OF YORBA LINDA (CA)	J1708						Х	Х	Х	X	Х	Х
CITY OF YUMA	41556						Х	Х	Х	X		
CIVIL CONSTRUCTORS	41556						Х	Х	Х	Х		
CLAIMS ADMINISTRATIVE SERVICES (CAS)	J1271						Х	Х	Х	Х		Х
CLASSIC RESIDENCE BY HYATT	J1037	Х	Х					Х	Х	Х		Х
CLOUGHERTY PACKING LLC	J1739						Х	Х	Х	Х	Х	Х
CNA INSURANCE	20443						Х	Х	Х	X		Х
CNA INSURANCE (AUTO ONLY)	C1035		Х					Х	Х		Х	Х
CO GRANDE CASINO	41556						Х	Х	Х	X		
COACH USA	J1272						Х	Х		Х		
COAST CONVERTERS	41556						Х	Х	Х	X		
COCA-COLA ENTERPRISES INC.	J1038	Х	Х					Х	Х	Х		Х
COLLIN COUNTY	41556						Х	Х	Х	Х		
COLORADO CASUALTY	J1428						Х	Х	Х	Х		
COLORADO CONTRACTORS PROGRAM	41556						Х	Х	Х	Х		
COLORADO HEALTHCARE ASSOC SAFETY NATIONAL CASUALTY CORP.	41556						Х	Х	Х	X		
COLORADO PRIME CORP.	41556						Х	Х	Х	Х		
COLUMBIA SUSSEX CORPORATION	J1039	Х	Х					Х	Х	Х		Х
COLUMBINE HEALTH SYSTEMS	41556						Х	Х	Х	X		
COMMUNITY DEVELOPMENT COMMISSION (CA)	J1655						Х	Х	Х	Х	Х	Х
COMPASS GROUP USA, INC.	J1040	Х	Х					Х	Х	X		Х
COMPASS HEALTH (MURPHY AND BEANE)	J1533			Х				Х	Х	Х		Х
COMPTON UNIFIED SCHOOL DISTRICT (CA)	J1652						Х	Х	Х	X	Х	Х
CON-WAY INC.	J1844						Х	Х	Х	X	Х	Х
CONTECH CONSTRUCTION PRODUCTS	J1041	Х	Х					Х	Х	Х		Х
CONTINENTAL AIRLINES	J1042	Х	Х					Х	Х	X		Х
CONTINENTAL WESTERN INSURANCE CO (CWG)	J1274	Х	Х	Х				Х	Х	X		Х
CONTRA COASTAL COUNTY SCHOOLS INSURANCE GROUP (CCCSIG)	J1715						Х	х	Х	Х		
CONVERGYS CORPORATION	J1043	Х	Х					Х	Х	Х		Х
COOK & SOLIS CONST.	41556						Х	Х	Х	X		
CORINTHIAN COLLEGES	J1517						Х	Х	Х			Х
CORRECTIONAL MANAGEMENT SERVICE	J1044	Х	Х					Х	Х	Х		Х
CORRECTIONS CORP OF AMERICA	J1045	Х	Х					Х	Х	Х		Х
COTTINGHAM & BULTER CLAIM SERVICES INC	J1683						Х	Х	Х	Х	Х	Х
COUNTRY CASUALTY INSURANCE COMPANY	J1684	Х	Х	Х				Х	Х	Х	Х	Х
COUNTRY INSURANCE \ MODERN SERVICE CASUALTY INSUR CO	J1712	Х	Х	Х				Х	Х	Х	Х	Х
COUNTRY INSURANCE \ MSI PREFERRED INSURANCE COMPNAY	J1591	Х	Х	Х				х	Х	Х	Х	Х
COUNTRY INSURANCE \ MUTUAL SERVICE CASUALTY INSUR CO	J1709	Х	Х	Х				х	Х	Х	Х	Х
COUNTRY INSURNACE \ MOUNTAIN STATES INSURANCE	J1572	Х	Х	Х				х	Х	Х	Х	Х
COUNTRY MUTUAL INSURANCE COMPANY	J1702	Х	Х					х	Х	X	Х	Х
COUNTRY PREFERRED INSURANCE COMPANY	J1705	Х	Х	Х				х	Х	X	Х	Х
COUNTRY VILLA HEALTH SERVICES - SNCC	41556						Х	х	Х	Х		
COUNTRY VILLA OX HLTH	41556						Х	х	Х	Х		
COUNTY OF ALAMEDA/AIG	41556						Х	х	Х	Х		
COUNTY OF HUMBOLDT (CA)	J1603					<u> </u>	Х	Х	Х	Х	Х	Х

Work	ers' Com	pensa	tion P	ayer l	_ist							
Payer Name		TX	MN	CA	NY	WI	All States		Institutional	Workers'	Auto	ERA
·	Payer ID	Only	Only	Only	Only	Only		Claims	Claims	Comp Only	Only	(835)
COUNTY OF LOS ANGELES (AIMS SANTA CLARITA)	J1723						Х	Х	Х	Х		
COUNTY OF LOS ANGELES (CA)	J1625						Х	Х	Х	Х	Х	Х
COUNTY OF LOS ANGELES (TRISTAR SANTA ANA)	J1722						Х	Х	Х	Х		
COUNTY OF MARIN	41556						Х	Х	Х	Х		
COUNTY OF SAN DIEGO	J1513			Х				Х	Х	Х		Х
COUNTY OF SANTA BARBARA (CA)	J1631						Х	Х	Х	Х	Х	Х
COUNTY OF SANTA BARBARA-CSAC (CA)	J1631						Х	Х	Х	Х	Х	Х
COUNTY OF SANTA BARBARA-NON-CSAC (CA)	J1631						Х	Х	Х	Х	Х	Х
COUNTY OF SHASTA (CA)	J1616						Х	Х	Х	Х	Х	Х
COUNTY OF SONOMA (CA)	J1662						Х	Х	Х	Х	Х	Х
COUNTY OF TULARE (CA)	J1666						Х	Х	Х	Х	Х	Х
COURTYARD HEALTH C.	41556						Х	Х	Х	Х		
COWORX STAFFING, LLC	J1046	Х	Х					Х	Х	Х		Х
COX CONSTRUCTION CO	41556						Х	Х	Х	Х		<u> </u>
CPS SECURITY SOLUTIONS	41556						Х	Х	Х	Х		
CR&R	J1516						Х	Х	Х	Х		Х
CREATIVE RISK SOLUTIONS	J1455	Х	Х					Х	Х	Х		
CRESTBROOK INSURANCE COMPANY	J1550	Х	Х	Х				Х	Х	Х		Х
CUCAMONGA SCHOOL DISTRICT (CA)	J1690						Х	Х	Х	Х	Х	Х
CUMIS INSURANCE SOCIETY	J1282	Х	Х					Х	Х	Х		
CVS/CAREMARK/MINUTE CLINIC	J1457						Х	Х	Х	Х		Х
CYPRESS INSURANCE COMPANY (MEMBER OF BHHC)	20044			Х				Х	Х	Х		Х
DAHL'S FOODS	J1118	Х	Х			Х		Х	Х	Х		Х
DAIMLERCHRYSLER CORPORATION	41556						Х	Х	Х	Х		
DAKOTA FIRE	21415						Х	Х	Х	Х		Х
DAKOTA FIRE	C1029		Х					Х	Х		Х	Х
DAKOTA FIRE	J1433		Х					Х	Х			Х
DALLAS COUNTY COMMUNITY COLLEGE DISTRICT	41556						Х	х	х	Х		
DALLAS INDEPENDENT SCHOOL DISTRICT	J1494	Х						х	х	X		х
DANAHER CORPORATION	J1051	х	Х					х	Х	X		Х
DAVIS MECH SYSTEMS	41556						Х	х	х	Х		
DAYLIGHT TRANSPORT	41556						х	Х	Х	Х		
DE BARTOLOS, INC	J1058	Х	Х					х	х	Х		Х
DENVER PUBLIC SCHOOLS	41556						Х	х	х	Х		
DEPART OF LABOR/DEPARTMENT OF ENERGY	J1438						Х	х	х	Х		Х
DEPARTMENT OF ENERGY	J1449						Х	Х	Х	Х		Х
DEPARTMENT OF LABOR BLACK LUNG	J1448						Х	х	х	Х		Х
DEPARTMENT OF WATER AND POWER OF THE CITY OF LOS ANGELES (LADWP)	J1514			Х				Х	х	Х		Х
DEPOSITORS INS CO	J1550	Х	Х	Х				Х	Х	Х		Х
DESERT HOSPITAL DISTRICT	41556						Х	Х	х	Х		
DESERT PRINCESS	41556						Х	Х	х	Х		
DIAMOND FARMING COMPANY	41556						Х	Х	х	Х		
DIRECTORY DISTRIBUTING ASSOC.	J1059	Х	Х					Х	х	Х		Х
DISCOUNT TIRE	J1611						Х	х	х	Х	х	х
DISCOVER RE (BURGER KING)	J1060	х	Х					х	х	Х		х
DISCOVERY HY-VEE	J1118	х	Х			х		х	х	х		х
DOUGLAS COUNTY	41556						Х	х	х	х		
DUNN-EDWARDS CORPORATION	J1061	Х	Х					х	Х	Х		Х

Work	cers' Com	pensa	tion P	ayer I	List							
Davier Name		TX	MN	CA	NY	WI	All Ctotoo	Professional	Institutional	Workers'	Auto	ERA
Payer Name	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
DURANGO COFFEE CO.	41556						Х	х	Х	Х		
DUSTROL	J1118	Х	Х					х	Х	Х		Х
DYNAMEX, INC.	J1062	Х	Х					х	Х	Х		Х
EAGLE PASS ISD	41556						Х	х	Х	Х		
EAST SAN GABRIEL VALLEY ROP (CA)	J1690						Х	х	Х	Х	Х	Х
EASTERN MUNICIPAL WATER DISTRICT (CA)	J1639						Х	х	Х	Х	Х	Х
EASTGUARD INSURANCE COMPANY - GUARD DBA	J1453						Х	Х	Х	Х		Х
ECHO PACIFIC DEVELOP	41556						Х	Х	Х	Х		
EDIC	J1289						Х	Х		Х		
EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT	41556						Х	Х	Х	Х		
EDWARDS CLAIM ADMINISTRATION	Click Here	Х						Х	Х	Х		Х
EL PASO COMMUNITY COLLEGE (TX JUR)	A0106	Х	Х	Х				Х	Х	Х		Х
EL PASO WATER UTIL TX JUR	J1017	Х	Х	Х				Х	Х	Х		Х
EL POLLO LOCO	J1737						Х	Х	Х	Х	Х	Х
ELC ELECTRIC INC	41556						х	х	Х	Х		
ELITE COMP	41556						Х	х	х	Х		
EMC PROPERTY AND CASUALTY	21415						Х	х	х	Х		Х
EMC PROPERTY AND CASUALTY	C1029		Х					х	х		Х	Х
EMC PROPERTY AND CASUALTY	J1433		Х					х	х			Х
EMCASCO INSURANCE CO	C1029		х					х	х		Х	Х
EMCASCO INSURANCE CO	J1433		х					х	х			Х
EMCASCO INSURANCE CO	21407						Х	х	х			Х
EMERITUS CORPORATION	J1679						Х	х	х	Х	Х	Х
EMPLOYER INSURANCE GROUP (EIG)	J1232						Х	х	х	Х		Х
EMPLOYERS ASSURANCE COMPANY	J1232						Х	х	х	х		Х
EMPLOYER'S CLAIM SERVICE, INC - CITY OF NAPERVILLE	J1559							х	х	х		Х
EMPLOYERS COMPENSATION INSURANCE COMPANY	J1232						Х	х	х	х		Х
EMPLOYERS GENERAL INSURANCE GROUP	J1696						Х	х	х	х	Х	Х
EMPLOYERS MUTUAL CASUALTY	C1029		х					х	х		Х	Х
EMPLOYERS MUTUAL CASUALTY	J1433		Х					x	X			Х
EMPLOYERS MUTUAL CASUALTY	21415						х	X	X	Х		Х
EMPLOYERS PREFERRED INSURANCE COMPANY	J1232						Х	х	x	х		х
ENTERPRISE RENT A CAR	J1294		х					х	x	X		
ENVIROSOURCE	J1063	х	Х					X	x	X		х
ENVISION RADIOLOGY, LLC	41556						Х	Х	х	х		
EPLICA, INC.	41556						Х	X	x	X		
ERICKSON-HALL CONSTR	41556						Х	х	x	X		
ERIE INSURANCE	J1734						X	X	x	Х	Х	х
ERMC	J1022	х	х	х				х	x	Х		X
ESIS	TP043						х	X	x	x		X
ESIS - FIRST AMERICAN INSURANCE CO	J1064	х	х					X	X	X		X
ESIS - KELLY SERVICES	J1451	l ^	<u> </u>				Х	X	X	x		X
ESIS - LOCKHEED MARTIN CORPORATION	J1454						X	X	X	X		X
ESURANCE INSURANCE COMPANY	25712		х					X	x		Х	X
EVOLUTION INSURANCE COMPANY	J1065	х	X					X	x	х		X
EXXONMOBIL CORPORATION	J1606	_^_					х	X	x	X	Х	X
F&G GUARANTY INS CO/MAIN STREET PROGRAM COLORADO	41556						X	X	x	x	^	<u> </u>
FACTORY 2 U	J1019	х	х	Х				X	x	×		х
Prototo 20	01010	_ ^	^	^	L	l	l	^	^	^		^_

Wor	kers' Com	pensa	tion P	ayer I	_ist							
Payer Name		TX	MN	CA	NY	WI	All States	Professional	Institutional	Workers'	Auto	ERA
<u>*</u>	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
FAIRCHILD FASTENERS	J1624						Х	Х	Х	Х	Х	Х
FARM BUREAU MUTUAL INSURANCE COMPANY	J1853		Х					Х	Х	Х	Х	
FAIRMONT SPECIALTY INSURANCE COMPANY - TX	J1697						Х	Х	Х	Х	Х	Х
FAIRVIEW HEALTH SERVICES	J1618						Х	Х	Х	Х	Х	Х
FAMILY HEALTH & HOUSING	41556						Х	Х	Х	X		
FAMSA, INC	J1807						Х	Х	Х	X	Х	Х
FARMERS \ CIVIC PROPERTY AND CASUALTY COMPANY	J1687						Х	Х	Х	Х	Х	Х
FARMERS \ EXACT PROPERTY AND CASUALTY COMPANY	J1703						Х	Х	Х	Х	Х	Х
FARMERS \ FIRE INSURANCE EXCHANGE	J1706						Х	Х	Х	Х	Х	Х
FARMERS \ MID-CENTURY INSURANCE COMPANY	J1710						Х	Х	Х	Х	Х	Х
FARMERS \ NEIGHBORHOOD SPIRIT PROPERTY AND CASUALTY COMPANY	J1701						Х	Х	Х	X	Х	Х
FARMERS \ TRUCK INSURANCE EXCHANGE	J1713						Х	Х	Х	Х	Х	Х
FARMERS INSURANCE	C1025		Х					Х	х		Х	Х
FARMERS INSURANCE COMMERCIAL (COMMERCIAL ONLY)	C1034	1	Х					Х	х		Х	Х
FARMERS INSURANCE EXCHANGE (COMMERCIAL ONLY)	C1034		Х					Х	Х		Х	Х
FARMERS INSURANCE EXCHANGE (WC ONLY)	J1563						Х	Х	Х	Х		Х
FARMLAND MUTUAL INS CO	J1551	Х	Х	Х				Х	Х	Х		Х
FEDERATED CLAIMS SERVICE CORP.	J1297						Х	х	х	Х		Х
FEDERATED DEPARTMENT STORES, INC	J1297						Х	Х	Х	Х		Х
FEDERATED LINEN & UNIFORM	41556						Х	Х	Х	X		
FEDERATED MUTUAL INSURANCE COMPANY	13935						Х	Х	Х	Х		Х
FEDERATED RURAL ELECTRIC (TX)	11118	Х	Х					Х	Х	Х		Х
FEDERATED SERVICES INSURANCE COMPANY	28304						Х	Х	Х	X		Х
FIREMAN'S FUND INSURANCE COMPANY	21873						Х	Х	Х	X		Х
FIREMEN'S INSURANCE COMPANY	J1274	Х	Х	Х				х	х	Х		Х
FIRSTCOMP	J1011						Х	Х	Х	Х		
FKI INDUSTRIES, INC.	J1047	Х	Х					Х	Х	Х		Х
FOOD LION/DELHAIZE	J1879						Х	Х	Х	Х		
FOREMOST	11185		Х	Х				Х	Х		Х	Х
FORGE INDUSTRIAL STAFFING	J1529						Х	Х	Х	Х		Х
FRANCO CONSTRUCTION	41556						Х	х	Х	Х		
FRANKENMUTH MUTUAL	J1440						Х	Х	Х	Х		
FRESNO COUNTY OFFICE OF EDUCATION	41556						Х	х	Х	Х		
FRESNO COUNTY SELF INSURANCE GROUP	41556						Х	Х	х	Х		
FRONT PORCH (MURPHY AND BEANE)	J1533			Х				Х	х	Х		Х
FULLERTON UNION HIGH SCHOOL DISTRICT (CA)	J1633						Х	Х	Х	Х	Х	Х
GAB ROBBINS, INC.	TP117	Х	Х					Х	Х	Х		Х
GAB ROBINS (FOR VAN TUYL COMPANIES ONLY)	TP117	Х	Х					Х	Х	Х		Х
GALLAGHER BASSETT	TP057	-					Х	Х	Х	Х		Х
GARDEN GROVE UNIFIED SCHOOL DISTRICT	J1519	-		Х				X	X	X		Х
GARDEN REGIONAL HOSPITAL & MED CENTER, INC.	41556	-					X	X	X	X	ļ	
GATEGOURMET #836	J1302						Х	X	X	X	Х	
GATES CORP DBA GATES RUBBER CO	J1066	Х	Х					X	X	X		Х
GATES O'DOHERTY	41556	-					X	X	X	X		
GATEMAY TRANS. INC.	41556	-					X	X	X	X		
GATEWAY TRANS., INC.	41556	-					X	X	X	X	ļ	
GE AUTO	J1557	-					X	X	X	X	X	<u> </u>
GENERAL PARTS INTERNATIONAL	J1678						Х	Х	Х	Х	Х	Х

Work	ers' Com	pensa	tion P	ayer l	List							
Davis Name		TX	MN	CA	NY	WI	All Ct-t	Professional	Institutional	Workers'	Auto	ERA
Payer Name	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
GENESIS CONSTRUCTION	41556						Х	х	Х	Х		Х
GEO SEO	J1461						х	Х	Х	Х		Х
GLENDALE ELEMENTARY SCHOOL DISTRICT #40	41556						Х	Х	Х	Х		
GMAC INSURANCE COMPANY ONLINE, INC.	C1028		Х					Х	Х		Х	Х
GMAC INSURANCE MANAGEMENT CORPORATION	C1028		Х					Х	Х		Х	Х
GOLDEN CORRAL CORPORATION	J1067	х	Х					Х	Х	Х		Х
GOLDEN EAGLE	J1430						х	Х	Х	Х		
GOLDEN STATE SUPPLY	J1306						х	х	Х	Х	Х	
GOOD SAMARITAN HOSPITAL	J1647						х	х	х	Х	Х	Х
GOODRICH	J1462						х	х	х	Х		Х
GOODWILL INDUSTRIES	J1621						х	х	х	Х	Х	Х
GRAND RIVER INSURANCE (WC ONLY)	J1566						х	х	х	Х		х
GRANGE MUTUAL CASUALTY COMPANY	10322		Х					х	X		Х	Х
GRANGE WC	14060				1	1	Х	X	x	Х		X
GRAPHIC ARTS MUTUAL	25984	х	Х	Х				X	x	X		X
GREAT AMERICAN ALLIANCE INS CO.	26832	х	Х	Х				Х	х	х		х
GREAT AMERICAN ASSURANCE CO.	26344	х	Х	Х				Х	х	х		х
GREAT AMERICAN INS. CO.	16691	X	X	X				X	x	X		X
GREAT AMERICAN INS. CO. OF N.Y.	22136	Х	X	X				X	x	X		X
GREAT CENTRAL	J1308						Х	X	X	X	Х	
GREAT DIVIDE INSURANCE	25224	х	Х	Х			~	X	X	X		Х
GREAT WEST CASUALTY	J1820	~					х	X	X	X		
GREEN DIAMOND WA	J1642						X	X	X	X	Х	Х
GREENE RAD MALONEY	41556						X	X	x	x		
GREER CONSTRUCTON CO	41556						X	X	X	X		
GREIF BROTHERS CORPORATION	41556						X	X	x	×		
GREVE CLIFFORD WENGEL & PARAS	41556						X	X	x	×		
GRIMMWAY ENTERPRISES, INC.	41556						X	X	x	×		
GRINNELL REINSURANCE COMPANY	J1571	х	х				^	X	x	×	Х	х
GRINNELL SELECT	J1541	X	X					X	x	×	X	X
GRUNDFOS MANUFACTURING CORPORATION	41556	_^	_ ^				х	X	x	×	^	_^
GS METALS	41556						X	×	×	×		
GSE LINING TECHNOLOGY, INC.	J1068	х	х					×	×	X		х
GUARD	J1453	^					х	X	×	×		X
GUIDEONE ELITE INSURANCE	J1590						X	X	×	×	Х	X
GUIDEONE MUTUAL INSURANCE	J1574						X	X	×	×	X	X
H & R	J1672						X	X	×	X	X	X
HAMILTON MUTUAL	21415	1			 	1	X	X	X	X	^	X
HAMILTON MUTUAL	C1029	1	Х		 	1	^	X	X	^	х	X
HAMILTON MUTUAL	J1433		X					X	X		^	X
HANNAFORD	J1433 J1463	1	^		1	1	х	X	X	Х		X
HANOVER INSURANCE COMPANY	J1693	Х	Х	Х	1	1	X	X	X	X	х	
HANOVER LLOYD'S INSURANCE COMPANY	J1588	X	^	X	1	1		X	X	X	X	X X
HARLEYSVILLE INSURANCE COMPANY	J1500 J1595	X		X	-	-	· ·					
HARTFORD ACCIDENT AND INDEMNITY COMPANY							X	X	X	Х	X	X
	C1046				-	-	X	X	X		X	X
HARTFORD CASUALTY INSURANCE COMPANY	C1041				-	-	X	X	X		Х	Х
HARTFORD DEALERSHIP ADVANTAGE PROGRAM - WC	41556	1			1	1	X	X	X	Х		
HARTFORD FIRE INSURANCE COMPANY	C1040	<u> </u>			L		Х	Х	Х		Х	Х

Work	ers' Com	pensa	tion P	ayer I	List							
Payer Name		TX	MN	CA	NY	WI	All States	Professional	Institutional	Workers'	Auto	ERA
•	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
HARTFORD INS CO OF ILLINOIS	C1040						Х	Х	Х		Х	Х
HARTFORD INS CO OF THE SOUTHEAST	C1040						Х	Х	Х		Х	Х
HARTFORD INSURANCE COMPANY OF THE MIDWEST	C1043						Х	Х	Х		Х	Х
HARTFORD INSURANCE COMPANY OF THE MIDWEST (ALLIANT TECH SYSTEMS												
ONLY)	J1314						Х	х		х		
HARTFORD INSURANCE COMPANY OF THE MIDWEST (AMERICOLD LOGISTICS												
ONLY)	J1315						x	X		X		
HARTFORD INSURANCE COMPANY OF THE MIDWEST (PFIZER, INC. ONLY)	J1317						х	Х		Х		
HARTFORD INSURANCE COMPANY OF THE MIDWEST (PUBLIX ONLY)	J1318						Х	Х		Х		
HARTFORD INSURANCE COMPANY OF THE MIDWEST (QCS ONLY)	J1319						Х	Х		Х		
HARTFORD INSURANCE COMPANY OF THE MIDWEST (RUBY TUESDAY ONLY)	J1320						x	x		x		
HARTFORD INSURANCE COMPANY OF THE MIDWEST (STERICYCLE ONLY)	J1321						X	×		×		
HARTFORD INSURANCE COMPANY OF THE MIDWEST (WELLS FARGO ONLY)	J1321						X	X		X		
HARTFORD INSURANCE COMPANY OF THE MIDWEST (WEDEST/NGS GREET)	31322							^		^		
ONLY)	J1323						x	×		x		
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY	C1044						X	X	x	^	Х	х
HARTFORD LIFE AND ANNUITY INSURANCE COMPANY	C1044						X	X	X		X	X
HARTFORD LIFE INSURANCE COMPANY	C1047						X	X	X		X	X
HARTFORD UNDERWRITERS INSURANCE COMPANY	C1047							X	X		X	
HASTINGS COLLEGE OF THE LAW	41556						X	X	X	.,	X	Х
HAWKEYE	J1426									X		
HAYHOE CONSTRUCTION	41556						X	X	X	X		
HCA-HOSPTIAL CORPORATION OF AMERICA	J1450						Х	X	X	X		
HEALTHPARTNERS	44547			Х				X	X	X		X
	-	X	Х					X	X	X		X
HEALTHSMART	J1481	Х						X	X	X		Х
HEARTLAND EMPLOYMENT SERVICES, LLC HEARTLAND EXPRESS	41556 J1677						X	X	X	X		
							Х	Х	Х	Х	Х	Х
HELMSMAN MANAGEMENT SERVICES	33600 J1654						Х	Х	Х	Х		
HEMET UNIFED SCHOOL DISTRICT (CA)							Х	х	Х	Х	Х	Х
HENNEPIN COUNTY COURT DIV	J1854						Х	Х	Х	Х	Х	
HERITAGE GROUP	J1069	Х	Х					Х	Х	Х		Х
HIGHLAND GOLF	41556						Х	Х	Х	Х		
HILMAR CHEESE COMPANY	J1833						Х	Х	Х	Х	Х	Х
HMSHOST	J1612						Х	Х	Х	Х	Х	Х
HOGAN MOTOR LEASING	41556						Х	Х	Х	Х		
HOGAN PERSONELL	41556						Х	Х	Х	Х		
HOLLY FARMS CORP.	J1070	Х	Х					Х	Х	X		Х
HOME SWEET HOME	41556						Х	Х	Х	Х		
HORTICA FLORIST MUTUAL INSURANCE	13978	Х	Х	Х				Х	Х	Х		Х
HOUSEHOLD MERCH NNI	J1071	Х	Х					х	Х	Х		Х
HOUSING AUTHORITY EL PASO (TX)	A0107	Х	Х	Х				х	Х	Х		Х
HOUSTON HUNTERS PATROL, INC	J1020	Х	Х	Х				х	Х	Х		Х
HUGHES TOOL COMPANY	J1072	Х	Х					х	х	Х		Х
HUTCHINSON TECHNOLOGY	J1626	Х	Х					Х	Х	Х	Х	Х
HY-VEE	J1118	Х	Х			Х		Х	Х	Х		Х
ICW (INSURANCE CO OF THE WEST)	27847						Х	Х	Х	Х		Х
IDS PROPERTY CASUALTY INSURANCE COMPANY	12504		Х					Х	Х		Х	Х

Wo	rkers' Com	pensa	ition P	ayer l	List							
Payer Name		TX	MN	CA	NY	WI	All States	Professional	Institutional	Workers'	Auto	ERA
	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
ILLINOIS CASUALTY	J1575	Х	Х					Х	Х	X	Х	Х
ILLINOIS EMCASCO	21415						Х	Х	Х	Х		Х
ILLINOIS EMCASCO	C1029		Х					Х	X		Х	Х
ILLINOIS EMCASCO	J1433		Х					Х	X			Х
IMPERIAL IRRIGATION DISTRICT	41556						Х	Х	X	X		
INCONEN CORPORATION	41556						Х	Х	Х	X		
INDIANA INSURANCE	J1425						Х	Х	Х	X		
INLAND VALLEY HOSPICE	41556						Х	Х	Х	X		
INNOVATIVE CLAIM SOLUTIONS (ICS) - RANCHO CORDOVA	J1599						Х	Х	Х	X	Х	Х
INNOVATIVE CLAIM SOLUTIONS (ICS) - SAN RAMON	J1601						Х	Х	Х	X	Х	Х
INSILCO CORP	J1073	Х	Х					Х	Х	Х		Х
INTEGON CASUALTY INSURANCE CO.	C1028		Х					Х	X		Х	Х
INTEGON GENERAL INSURANCE CORP.	C1028		Х					Х	X		Х	Х
INTEGON INDEMNITY CORP.	C1028		Х					Х	Х		Х	Х
INTEGON NATIONAL INSURANCE CO.	C1028		Х					Х	Х		Х	Х
INTEGON PREFERRED INSURANCE CO.	C1028		Х					Х	Х		Х	Х
INTEGRITY MUTUAL INSURANCE COMPANY	10322		Х					Х	X		Х	Х
INTEGRITY WC	14303						Х	Х	Х	Х		Х
INTERCARE	J1542						Х	х	Х	Х	Х	
INTERINSURANCE EXCHANGE OF THE AUTOMOBILE CLUB	J1810						Х	х	Х	Х	Х	Х
IREX CORPORATION	J1074	Х	Х					Х	Х	Х		Х
IRONWORKING CONTRACT I.P.	J1075	х	Х					Х	Х	Х		Х
J B HUNT TRANSPORT INC.	A0138	Х	Х	Х				Х	Х	Х		Х
J.H. MCCORMACK CONST	41556						Х	Х	Х	Х		
JD MECHANICAL	41556						Х	Х	Х	Х		
JEFFERSON COUNTY TEXAS	41556						Х	Х	Х	Х		
JI SPECIALTY SERVICES	J1006	Х	Х					Х	Х	Х		
JOHN MUIR HEALTH	41556						Х	Х	Х	Х		
JOHNSTON SCHOOLS	J1118	х	Х			Х		Х	Х	Х		Х
JONES TRUCK LINES,INC.	J1076	х	Х					Х	Х	Х		Х
JUDSON ISD	41556						Х	Х	Х	Х		
JUVENILE JAIL FACILITY MANAGEM	J1077	х	Х					Х	Х	Х		Х
KAUTZ VINYARDS	41556						Х	Х	Х	Х		
KCI HOLDINGS USA	J1078	х	Х					Х	Х	Х		Х
KEENAN AND ASSOCIATES (EXCLUDING CITY OF PASADENA)	J1498			Х			Х	Х	Х	Х		Х
KELLOGG COMPANIES	J1803						Х	х	х	Х	Х	Х
KEMPER \ UNITRIN AUTO AND HOME	J1576						Х	х	х	Х	Х	Х
KEMPER \ UNITRIN SAFEGUARD INS COMPANY	J1587						Х	х	х	х	Х	Х
KEMPER PREFERRED	C1030		х					х	х		Х	Х
KEN DAVIS INDUSTRIES INC.	J1079	х	х					х	х	х		Х
KEY RISK MANAGEMENT SERVICES LLC	J1521						Х	х	х	Х		Х
KEYSTONE	J1118	х	х			х	İ	X	x	X		X
KING PAK POTATO COMPANY LLC	41556						Х	х	х	х		
KING RANCH	41556						Х	х	х	Х		
KIRKLAND'S INC	J1614						Х	х	х	Х	Х	Х
KTA CONSTRUCTION (COSD2)	41556	1					X	х	x	X		
L. ARROWHEAD C. CLUB	41556	1					X	х	x	X		
LACLEDE CHAIN	41556						X	X	X	X		
			1			·	·	·		1		

Worl	cers' Com	pensa	tion P	ayer I	List							
Payer Name		TX	MN	CA	NY	WI	All States	Professional	Institutional	Workers'	Auto	ERA
Payer Name	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
LACLEDE STEEL	41556						Х	Х	Х	Х		
LAKE ELSINORE SCHOOL DISTRICT	41556						Х	Х	Х	Х		
LAMAR CONSOLIDATED ISD	41556						Х	Х	Х	Х		
LAMESA ISD	41556						х	х	Х	Х		
LANDMARK GOLF CO	41556						Х	Х	Х	Х		
LANDMARK GRAD&PAVING	41556						Х	Х	Х	Х		
LANDSTAR BCO WC PROGRAM	J1080	Х	Х					х	Х	Х		Х
LANE COUNTY	41556						Х	х	Х	Х		
LARIMER COUNTY - WC	41556						Х	х	Х	Х		
LB AUTO/PACIFIC PART	41556						Х	Х	Х	Х		
LB AUTO/PACIFIC SUPP	41556						Х	Х	Х	Х		
LEAGUE OF MINNESOTA CITIES INSURANCE TRUST	J1527		Х					Х	х	Х		Х
LEKOS ELECTRIC	41556						Х	Х	Х	Х		
LEVIN ENTERPRISES, INC.	41556						х	х	Х	Х		
LFP CORPORATION	J1650						Х	х	х	Х	Х	Х
LIBERTY MUTUAL	33600						Х	х	х	Х		
LIBERTY MUTUAL MIDDLE MARKETS	33600						Х	х	х	Х		
LIBERTY NORTHWEST	33600						Х	х	х	Х		
LIBERTY WAUSAU	33600						х	Х	х	Х		
LIVINGSTON ISD	41556						Х	Х	х	Х		
LK ARROWHEAD CO CLUB	41556						X	х	x	X		
LODI MEMORIAL HOSPITAL	41556						X	X	x	X		
LONG BEACH UNIFIED SCHOOL DISTRICT	J1515			Х				X	x	X		х
LONGS DRUGS	J1464						х	x	X	X		X
LOWE'S	J1465						X	x	X	X		X
LSG SKY CHEFS INTERNATIONAL	J1081	х	х					X	X	X		X
LUBA CASUALTY INSURANCE COMPANY (TX)	J1341	X	_ ^				х	X	X	x	х	X
LUMBERMEN'S UNDERWRITING ALLIANCE	J1540	X	х	х			^	X	X	X	_ ^	X
LWCC - LOUISIANA WORKERS' COMPENSATION CORPORATION	J1547	_^_	_^	^			Х	X	x	×		X
LYNWOOD UNIFISED SCHOOL DISTRICT (CA)	J1669						X	X	x	×	х	X
MAC RISK (THE MOLLY ANNA COMPANY)	J1860						X	X	x	×	X	X
MACYS (DALY CITY)	J1345						X	X	×	×	^	X
MACYS (NEWPORT BEACH)	J1346						X	X	×	×		X
MACYS CORPORATE SERVICES INC	J1347						X	X	×	×		X
MADERA COMMUNITY HOSPITAL	41556						X	X	×	X		^
MAJOR LEAGUE BASEBALL 8	J1082	х	Х				_ ^	X	×	X		х
MANUFACTURERS ALLIANCE INSURANCE COMPANY	41556	_ ^	^				х	X	×	×		^
MARCOTTE & HEARNE	41556						X	X				
MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT	41556						X	X	X X	X X		
MARIPOSA COUNTY MARIPOSA COUNTY	41556											
MARYLAND CASUALTY COMPANY (COMMERCIAL ONLY)	C1034						Х	Х	X	Х		
MASSACHUSETTS BAY INSURANCE COMPANY		.,	X	.,				X	X		X	X
	J1689	X	Х	Х				X	X	X	Х	Х
MATAGORDA COUNTY	41556	-					X	X	X	X	,.	
MATHESON TRUCKING	J1736						X	X	X	X	Х	X
MATRIX ABSENCE MANAGEMENT	TP075	1					Х	X	X	X		X
MAXIM CRANE WORKS	J1083	Х	Х		-	 		Х	Х	Х		Х
MAY DEPARTMENT STORES	J1347						Х	Х	Х	Х		Х
MAYO CLINIC/RECOVERY AND CLAIMS SERVICES	41193	Х	Х	Х			ļ	Х	Х	Х	ļ	Х

Work	ers' Com	pensa	tion P	ayer I	List							
Davis Name		TX	MN	CA	NY	WI	All Ctatas	Professional	Institutional	Workers'	Auto	ERA
Payer Name	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
MC DONALD'S-MCOPCO	J1084	Х	Х					Х	Х	х		Х
MDSI PHYS GROUP INC	41556						Х	Х	Х	Х		
MEADOWBROOK INSURANCE GROUP	J1478						Х	Х	Х	Х	Х	
MEDICAL BEN ADMIN	41556						Х	Х	Х	Х		
MEEMIC	11983		Х					Х	Х		Х	Х
MEMBER SELECT INSURANCE COMPANY	11983		Х					Х	Х		Х	Х
MEMIC	11030						Х	Х	Х	Х		Х
MEMORIAL HEALTH SERVICES	41556						Х	Х	Х	Х		
MENDOTA INSURANCE COMPANY	33650		Х					Х	Х		Х	Х
MERIDIAN CONSTRUCTION PROGRAM	41556						Х	Х	Х	Х		
MERITAGE CORPORATION	41556						Х	Х	Х	Х		
MESA COUNTY COLORADO	41556						Х	Х	Х	Х		
MESA COUNTY VALLEY SCHOOL DISTRICT 51	41556						Х	Х	Х	Х		
METROPOLITAN COUNCIL	J1355						Х	Х	Х	Х		Х
METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY	87726		Х					Х	Х		Х	Х
METROPOLITAN TRANSIT AUTHORITY	J1238	Х						Х	Х	Х		Х
MEXICANA AIRLINES	41556						Х	Х	Х	Х		
MIC GENERAL INSURANCE CORP.	C1028		Х					Х	Х		Х	Х
MIC PROPERTY AND CASUALTY INS. CORP	C1028		Х					Х	Х		Х	Х
MICHAEL HOGAN ASSOC	41556						Х	Х	Х	Х		
MID CENTURY INSURANCE COMPANY (COMMERCIAL ONLY)	C1034		Х					Х	Х		Х	Х
MIDWEST DRYWALL	J1119	Х	Х					Х	Х	х		Х
MIDWEST FAMILY MUTUAL INSURANCE CO	J1685	Х	Х					Х	Х	х	Х	Х
MIDWEST INSURANCE	10895						Х	х	х	Х	Х	
MILLARD REFRIGERATED	J1482	Х		Х				Х	Х	Х		Х
MINNESOTA COUNTIES INS TRUST (MCIT)	J1351						Х	Х	Х	Х		Х
MINNESOTA DEPARTMENT OF LABOR & INDUSTRY - CLAIMS SERVICES & INVEST	J1436						Х	Х	Х	Х		Х
MISSION AVIATION FELLOWSHIP	41556						Х	Х	Х	Х		
MISSION LODGE SANITARIUM	41556						Х	Х	Х	Х		
MISSOULA CART CO, IN	41556						Х	Х	Х	Х		
MITCHELL ENERGY & DEVEL	J1085	Х	Х					Х	Х	Х		Х
MITSUI SUMITOMO INSURANCE GROUP	J1692						Х	Х	Х	Х	Х	Х
MITSUI SUMITOMO INSURANCE USA INC	J1694						Х	Х	Х	Х	Х	Х
MMIC	J1622						Х	Х	Х	Х	Х	Х
MODESTO IRRIGATION DISTRICT	41556						Х	Х	Х	Х		
MONTGOMERY	J1424						Х	Х	Х	Х		
MONTGOMERY COUNTY TEXAS	A0179	Х	Х	Х				Х	Х	Х		Х
MONUMENT ADMINISTRATORS - CORNERSTONE COMP	J1530			Х				Х	Х	Х		Х
MONUMENT ADMINISTRATORS - ELITE COUNTRY CLUB	J1530			Х				х	х	Х		Х
MORENO VALLEY UNIFIED SCHOOL DISTRICT (CA)	J1644						Х	х	Х	Х	Х	Х
MORONGO BASIN TRANSIT AUTHORITY (CA)	J1651)						Х	х	Х	Х	Х	Х
MORRIS MATERIAL HANDLING	J1086	Х	Х					х	Х	х		Х
MORRISON HEALTH CARE, INC.	J1087	Х	Х					х	Х	х		Х
MOTION PICTURE & TELEVISION FUND	41556						Х	х	Х	Х		
MOTORIST MUTUAL INSURANCE	J1203	х	х	Х				х	х	х	Х	х
MOTORS INSURANCE CORPORATION	C1028		х	Х				х	х		Х	х
MTS	J1641						Х	х	Х	Х	Х	Х
MTV (MURPHY AND BEANE)	J1533			Х				х	х	Х		Х

Work	cers' Com	pensa	tion P	ayer I	List							
D. N.		TX	MN	CA	NY	WI	All Out to	Professional	Institutional	Workers'	Auto	ERA
Payer Name	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
MUNFORD, INC.	J1088	Х	Х					х	Х	Х		Х
MUSCO	J1118	Х	Х			Х		Х	Х	Х		Х
NAP TOOLS	J1120	Х	Х					Х	Х	Х		Х
NATIONAL AMERICAN INSURANCE CO (NAICO)	J1695	Х	Х					Х	Х	Х	Х	Х
NATIONAL CASUALTY COMPANY	J1551	Х	Х	Х				Х	Х	Х		Х
NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMPANY - QBE DBA	J1484	х	х	х				х	х	х		х
NATIONAL GENERAL ASSURANCE CO.	C1028	1	Х					X	x		х	Х
NATIONAL GENERAL INSURANCE CO.	C1028		X					X	X		X	X
NATIONAL INTERSTATE	32620	Х	X	Х				X	X	х		X
NATIONAL JEWISH HEALTH	41556						Х	X	X	X		X
NATIONAL LIABILITY AND FIRE INSURANCE COMPANY	20044			X				X	X	X		
NATIONAL LOSS PREVENTION, INC	J1021	х	х	X				X	X	X		х
NATIONWIDE AFFINITY INS CO OF AMERICA (NAICOA)	J1552	X	X	X				X	X	X		X
NATIONWIDE AGRIBUSINESS COMPANIES	J1551	X	X	X				X	X	X		X
NATIONWIDE AGRIBUSINESS INS CO	J1551	X	X	X				X	X	X		X
NATIONWIDE INS CO OF AMERICA (NICOA)	J1552	X	X	X				X	X	X		X
NATIONWIDE INSURANCE COMPANIES	J1552	X	X	X				X	X	X		X
NATIONWIDE MUTUAL FIRE CO	J1552	X	X	X				X	X	X		X
NATIONWIDE MUTUAL INSURANCE COMPANY	J1552	X	X	X			1	X	x	X		X
NATIONWIDE PROPERTY AND CASUALTY INS CO	J1552	X	X	X			1	X	x	X		X
NBC UNIVERSAL	J1359						х	X	^	X		<u> </u>
NC DEPARTMENT OF PUBLIC INSTRUCTION	J1660						X	X	х	X	х	х
NCLM - NORTH CAROLINA LEAGUE OF MUNICIPALITIES	J1772						X	X	x	X		<u> </u>
NEW JERSEY MANUFACTURING	12122						X	X	x	X		х
NEW JERSEY MANUFACTURING	C1048						X	X	X		х	X
NEW KOOSHAREM CORPORATION/SELECT STAFFING (DOI AFTER 7/31/2014)	J1875						X	X	×	×	^	X
NEW SOUTH INSURANCE CO.	C1028		х				_^	X	X	^	х	X
NICKELODIAN (MURPHY AND BEANE)	J1533		^	Х				X	X	Х	^	X
NONPROFIT INSURANCE TRUST	J1845			^			х	X	X	X	х	X
NORDSTROM, INC.	J1360						X	X	^	X	^	_ ^
NORGUARD INSURANCE COMPANY - GUARD DBA	J1453						X	X	×	X		х
NORTH AMERICA RISK SERVICES (NARS)	J1882						X	X	X	X		
NORTH CAROLINA FARM BUREAU	J1825						X	×	×	X		
NORTH CLACKAMAS SCHOOL DISTRICT #12	41556						X	X	X	X		_
NORTH COUNTY TRANSIT DISTRICT	41556						X	X	×	X		
NORTHERN COLORADO SCHOOL DISTRICTS WORKERS' COMPENSATION POOL	41556						X	X	X	X		_
NORTHLAND AUTO	C1031	Х	Х	Х			_^	X	X	^	х	- v
NORTHWEST INSURANCE	J1361	X	X	X			х	X	X	Х	X	Х
NORWOOD	J1089	x	х				_ ^	X	X	X	_ ^	Х
NOVA DEALERSHIP ADVANTAGE PROGRAM - WC	41556		^		1		Х	X	X	X		^
NOVA ELITE COMP PROGRAM	41556						X	X	X	X		
NOVA LETTE COMF PROGRAM NOVA METALS ADVANTAGE PLUS PROGRAM - WC	41556						X	X	X	X		-
NOVA PRO RISK SOLUTIONS	J1056	Х	Х	Х	1		_ ^	X	X	X		Х
NUEVO ENGINEERING	41556	_ ^	_ ^	^	1	1	Х	X	X	X	1	
NYSIF	45052				Х		^	X	^	X		
OAK RIVER INSURANCE COMPANY (MEMBER OF BHHC)	20044			Х	_ ^			X	Х	X		х
OHIO CASUALTY GROUP	24074	Х	Х		1	-		X	X	X		X
OHIO CASUALIT GROUP	24074	X	X				I .	Х	X	X		X

Worl	kers' Com	pensa	ition P	ayer I	List							
Payer Name		TX	MN	CA	NY	WI	All States	Professional	Institutional	Workers'	Auto	ERA
·	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
OLD REPUBLIC INSURANCE CO	24147	Х	Х					Х	Х	Х		Х
ONE BEACON	20621	Х	Х	Х				Х	Х	Х		Х
ONE BEACON INSURANCE - AUTO	C1026		Х					Х	Х		Х	Х
O'REILLY AUTO PARTS	J1670						Х	Х	Х	Х	Х	Х
ORANGE COUNTY FIRE AUTHORITY	J1876						Х	Х	Х	Х		Х
ORICA, INC.	J1090	Х	Х					Х	Х	Х		Х
OUTRIGGER LODGING	41556						Х	Х	Х	Х		
OVERHILL FARMS, INC.	41556						Х	Х	Х	Х		
PACIFIC COAST BUILDING PRODUCTS	J1808						Х	Х	Х	Х	Х	Х
PACIFIC DENTAL SERVICES	J1806						Х	х	х	X	Х	х
PACIFIC HYDROTECH CO	41556						Х	х	Х	Х		
PACIFIC INSURANCE COMPANY LTD	C1040						Х	х	Х		Х	Х
PACIFIC LUMBER COMPANY (MARATHON)	41556						Х	Х	Х	Х		
PACIFIC MOTOR COMPANY	J1364						Х	Х	Х	Х	Х	
PACIFIC SPECIALTY INSURANCE	41556						Х	Х	Х	Х		
PACIFIC SUNWEAR	J1805						Х	Х	Х	Х	Х	Х
PAJARO VLY COMNTY HEALTH TRUST	41556						х	х	Х	Х		
PALADIN MANAGED CARE SERVICES, INC.	J1475						Х	х	х	Х		Х
PALO ALTO MEDICAL FOUNDATION	41556						Х	х	х	Х		
PAPA JOHN'S INTERNATIONAL INC	J1091	Х	Х					х	х	Х		Х
PARADIGM	J1001	Х		Х				х	х	Х		Х
PARAMOUNT PICTURES (MURPHY AND BEANE)	J1533			Х				х	х	х		Х
PARK DISTRICT RISK MANAGEMENT ASSOCIATION (PDRMA)	J1365						Х	х	х	х		Х
PAS COFFEE ROASTERS	41556						Х	х	х	Х		
PATTERSON BRO LIGHT.	41556						Х	х	х	Х		
PEERLESS	J1423						Х	х	х	Х		
PEG DISCOVER RE	J1092	Х	Х					х	х	х		Х
PEG DISCOVER RE(FOOOD MERCHANT)	J1054	Х	х					х	х	Х		Х
PEGI-FAMILY DINING	J1093	Х	х					х	х	Х		Х
PENN MILLERS INSURANCE CO	J1573	Х	х					х	х	Х	Х	Х
PENNSYLVANIA MANUFACTURERS' ASSOCIATION INSURANCE COMPANY	41556						Х	х	х	Х		
PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY	41556						Х	х	х	Х		
PENNSYLVANIA MANUFACTURING ASSOCIATES	J1439						Х	х	х	Х		Х
PEOPLE 2.0	J1466						Х	х	х	Х		Х
PERMA	J1623						Х	х	Х	Х	Х	х
PETALUMA VALLEY HOSPITAL	41556						Х	х	х	Х		
PFLUGERVILLE ISD	41556						Х	х	х	Х		
PHARMACIST MUTUAL INSURANCE CO	J1570	Х	х					х	х	Х	Х	Х
PHH FLEETAMERICA	J1094	Х	х					х	х	Х		Х
PIER 1 INC. USA	J1369						Х	х		Х		
PIMA COUNTY	41556						Х	х	х	Х		
PLAINVIEW ISD	41556	1					X	х	x	X		
PLOTT HEALTH CARE	41556	1					X	х	x	X		
POLY AMERICA LP	J1370	х	х					X	x	X		
POLY-AMERICA	41556	1					Х	X	x	X		
PONDEROSA LANDSCAPE	41556	1					X	X	x	X		
PORT OF OAKLAND (CA)	J1627						Х	х	х	Х	Х	х
PRAIRIE MEADOWS	J1118	х	х			х		х	х	Х		х
-												

Wor	kers' Com	pensa	ition P	ayer I	List							
Payer Name		TX	MN	CA	NY	WI	All States	Professional	Institutional	Workers'	Auto	ERA
<u>*</u>	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
PREFERRED EMPLOYERS	J1095	Х	Х					Х	Х	Х		Х
PREFERRED EMPLOYERS GROUP	J1096	Х	Х					Х	Х	Х		Х
PREFERRED EMPLOYERS INSURANCE COMPANY (PEI)	J1496			Х			Х	Х	Х	Х		Х
PRIME HEALTHCARE	J1673						Х	Х	Х	Х	Х	Х
PROFESSIONAL CLAIMS MANAGEMENT	J1821						Х	Х		Х		
PROPERTY & CASUALTY CO OF HARTFORD	C1040						Х	Х	Х		Х	Х
PROTECTIVE INSURANCE CO	J1568						Х	Х	Х	Х	Х	Х
PRUDENTIAL OVERALL SUPPLY - AZ, CA	41556						Х	Х	Х	Х		
QBE - GENERAL CASUALTY - EDEN PRAIRIE	J1485	Х	Х	Х				Х	Х	Х		Х
QBE - GENERAL CASUALTY - FARMERS UNION	J1483	Х	Х	Х				Х	Х	Х		Х
QBE - GENERAL CASUALTY - FREEPORT	J1486	Х	Х	Х				х	Х	Х		Х
QBE - GENERAL CASUALTY - INDIANAPOLIS	J1487	Х	Х	Х				х	Х	х		Х
QBE - GENERAL CASUALTY - SIMSBURY	J1488	Х	Х	Х				х	Х	х		Х
QBE - GENERAL CASUALTY - SUN PRAIRIE	J1489	Х	Х	Х				Х	Х	Х		Х
QBE - GENERAL CASUALTY - WEST DES MOINES	J1490	Х	Х	Х				х	х	Х		Х
QBE - GENERAL CASUALTY CO OF WISCONSIN	J1484	Х	Х	Х				Х	Х	Х		Х
QPS EMPLOYMENT GROUP	J1609						х	х	Х	Х	Х	Х
QUALITY CARE CONV	41556						Х	х	х	Х		
QUALITY HEALTH M. G.	41556						Х	х	х	Х		
QUEEN OF ANGELS - HOLLYWOOD	41556						Х	х	х	Х		
RALEY'S FAMILY OF FINE STORES	J1522			Х				Х	х	Х		Х
RAMPART INSURANCE COMPANY	38512	х	х					Х	х	Х		Х
RAMSEY COUNTY (MN)	J1663						Х	х	х	Х	х	х
RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT (CA)	J1635						Х	х	х	Х	х	Х
RCH PROTECTIVE - SNCC	41556						х	х	х	х		
REBUPLIC WESTERN INS CO	J1597	х	х					х	x	X	х	х
RECOLOGY	J1675						х	X	x	X	X	X
RED OAK INDEPENDENT SCHOOL DISTRICT	A0205	х	х	х				X	X	X		X
REDWOOD FIRE AND CASUALTY INSURANCE COMPANY (MEMBER OF BHHC)	20044			X				X	X	X		X
REGENT INSURANCE COMPANY - QBE DBA	J1484	х	х	X				X	X	X		X
REGIS BRANDS	J1467						Х	X	X	X		
REHAB CENTER OF BEVERLY HILLS	41556						X	X	x	X		х
REPUBLIC FRANKLIN INSURANCE	12475	х	х	х			^	X	x	X		
REPUBLIC INDEMNITY COMPANY OF AMERICA	J1008	X	X					X	x	X		х
RESCARE, INC.	J1376	^	^				Х	X	^	×		
RESIDENTIAL SERVICES GROUP	J1097	х	х				^	X	х	X		х
RESTAURANT REINSURANCE LIMITED	J1098	X	X					X	x	X		X
RESTORATION PROF	41556	_^	^				Х	X	x	X		
RETURN TO WORK	J1202		х				^	X	x	X		х
REVMED	J1848		^				Х	×	×	X		
RHONE-POULENC,INC.	J1099	· ·	· ·				^			X		
RICK CONCRETE CONST.	41556	Х	Х				х	X X	X	X		Х
RIETH-RILEY CONSTRUCTION COMPA	J1100						X .		X	X		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
RISK ADMINISTRATION SERVICES	J1100 J1828	Х	Х				 ,,	X	X	X	.,	Х
RISK ADMINISTRATION SERVICES RISK ENTERPRISE MANAGEMENT (REM)			.,	.,			Х	X	X		Х	H .,
	Click Here	X	X	Х			-	X	X	X		X
RISK TRANSFER TECHNOLOGIES, INC.	J1101	Х	Х					X	X	X		Х
RIVERPORT INSURANCE (MN SCHOOL BOARD ASSOCIATION)	J1546		Х				<u> </u>	Х	Х	Х		
RIVERPORT INSURANCE COMPANY	J1477	Х	Х				1	Х	Х	Х		Х

W	orkers' Com	pensa	tion P	ayer I	List							
Payer Name		TX	MN	CA	NY	WI	All States	Professional	Institutional	Workers'	Auto	ERA
*	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
ROBSTOWN ISD	41556						Х	Х	Х	Х		
ROCKFORD MUTUAL INSURANCE COMPANY	27065							Х	Х	Х	Х	Х
ROCKWALL ISD	41556						Х	Х	Х	Х		
ROSE GARDEN GUEST HO	41556						Х	Х	Х	Х		
ROSEWOOOD EQUIPMENT	41556						Х	Х	Х	Х		
ROSSI CONCRETE, INC	41556						Х	Х	Х	Х		
ROTH STAFFING COMPANIES	J1516	Х	Х	Х				х	Х	Х		Х
RSC INSURANCE SERVICES, LTD.	J1102	Х	Х					х	X	Х		Х
RURAL SPECIAL DISTRICT INSURANCE PROGRAM	41556						Х	х	Х	Х		
RYDER SERVICES, INC.	J1009	Х	Х					х	х	х		
SA RECYCLING LLC	J1728						Х	х	х	х	Х	Х
SAFECO INSURANCE	24740						Х	х	х	х		Х
SAFETY-KLEEN CORPORATION	J1103	Х	Х					х	х	Х		Х
SAINT LOUIS COUNTY (MN)	J1658	Х	Х					Х	Х	Х	Х	Х
SALT LAKE CITY CORPORATION	J1730						Х	Х	Х	Х	Х	Х
SALT LAKE CITY CORPORATION	41556						Х	Х	Х	Х		
SAM KANE BEEF PROCESSORS, INC.	41556						Х	Х	Х	Х		
SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT	J1741						Х	Х	Х	Х		Х
SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS (CA)	J1690						Х	Х	Х	Х	Х	Х
SAN DIEGO / IMPERIAL SCHOOLS JPA (CA)	J1656						Х	Х	Х	Х	Х	Х
SAN DIEGO COMMUNITY COLLEGE DISTRICT (CA)	j1656						х	х	Х	Х	Х	
SAN DIEGO HOSPICE AND THE INSTITUTE FOR PALLIATIVE MEDICINE	41556						Х	х	х	х		Х
SAN DIEGO METROPOLITAN TRANSIT SYSTEM	41556						Х	х	х	х		
SAN DIEGO METROPOLITAN TRANSIT SYSTEM (SCHIP LIABILITY)	41556						Х	х	х	х		
SAN DIEGO TRANSIT CORP.	41556						Х	х	х	х		
SAN DIEGO TROLLEY, INC.	41556						Х	х	х	х		
SAN JOAQUIN COUNTY	41556						Х	х	х	х		
SANTA CLARA CO OFFICE OF EDUC	41556						Х	х	х	х		
SANTA CLARA VALLEY TANSPORTATION AUTHORITY	J1518			Х				х	х	х		Х
SCHLUMBERGER TECHNOLOGY	J1104	Х	Х					Х	х	х		Х
SCHNEIDER GAIN	41556						х	Х	х	х		
SCHNUCK MARKET, INC	J1560							х	х	х		Х
SCIF AZ	J1538						Х	х	х	х		
SCOTTS MIRACLE-GRO COMPANY	J1049	х	х					Х	х	х		Х
SEABRIGHT (SBIC)	J1499	х	х	Х				Х	х	х		Х
SECURA INSURANCE A MUTUAL COMPANY	J1379						Х	Х		х		
SEDGWICK / CARGILL INC	J1661						Х	х	х	х	х	Х
SEENO CONSTRUCTION (CHARTIS)	41556						Х	Х	х	х		
SEENO HOMES	41556						Х	х	х	х		
SELA HEALTH CARE	41556						Х	х	х	х		
SELECT STAFFING (KOOSHAREM, REAL TIME STAFFING, REMEDY,		1										
SELECT/REMEDY & WESTAFF)	J1446						Х	х	x	x		Х
SELECTIVE	12572		х					х	х	х		Х
SELF-INSURED SCHOOLS OF CALIFORNIA (SISC)	J1520			Х				X	х	x		X
SELMAN BREITMAN	41556						х	X	X	X		
SENTINEL INSURANCE COMPANY LTD	C1040						X	X	X		Х	Х
SENTRY AUTO	C1033	х	х	х				x	x		X	X
SENTRY INSURANCE	J1417	X	X	^				X	x	х	^	X
	1 31717	_ ^	_ ^		l	ı	1	^	_ ^	^	L	

Wor	kers' Com	pensa	ition P	ayer I	List							
Daver Name		TX	MN	CA	NY	WI	All States	Professional	Institutional	Workers'	Auto	ERA
Payer Name	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
SERVICE LLOYDS INSURANCE CO	J1593						Х	х	х	х	Х	Х
SFN GROUP (SPHERION, TECHNISOURCE, TATUM, THE MERGIS GROUP,	J1456						.,	.,	.,	.,		.,
SOURCERIGHT SOLUTIONS, & TODAY'S OFFICE PROFESSIONALS)	J1456						Х	×	×	x		Х
SHARYLAND INDEPENDENT SCHOOL DISTRICT	41556						Х	Х	Х	Х		
SHAWS/STARMARKET	J1468						х	Х	Х	Х		Х
SIERRA NEVADA MEMORIAL	41556						х	Х	Х	Х		
SILBERBERGER ENGN	41556						х	Х	Х	Х		
SKB CORPORATION	41556						x	Х	Х	Х		
SMART AND FINAL	J1824						x	Х	Х	Х	Х	
SNAP-ON INCORPORATED	J1105	Х	Х					Х	Х	Х		Х
SOLVAY AMERICA INC	J1106	Х	Х					Х	Х	Х		Х
SONIC AUTOMOTIVE INC.	J1381						х	Х		Х		
SONOMA VALLEY HEALTHCARE DISTRICT	41556						х	Х	Х	Х		
SONOMA VALLEY HLTH	41556						х	Х	Х	Х		
SOUTH COAST AREA TRANSIT (CA)	J1731						х	Х	Х	Х	Х	Х
SOUTHERN CALIFORNIA EDISON	J1817						х	х	х	х		Х
SOUTHERN CALIFORNIA RISK MANAGEMENT	J1690						х	Х	Х	Х	Х	Х
SOUTHERN TEXTILE RECYCLING INC (CA)	J1648						Х	х	х	х	Х	Х
SOUTHWEST AIRLINES (SWA)	J1233						Х	х	х	х		Х
SOUTHWEST GAS CORPORATION	41556						Х	Х	Х	Х		
SPECIALTY COFFEE	41556						Х	Х	Х	Х		
SPOONER'S WOODWORKS	41556						х	Х	Х	Х		
SPROUTS FARMERS MARKET, INC.	J1850						х	х	х	х	Х	Х
ST. ROSE HOSPITAL	41556						х	х	х	х		
STANDARD FORWARDING	J1118	Х	Х			Х		х	х	х		Х
STANDARD FRUIT & VEG	41556						х	х	х	х		
STANLEY WORKS, INC.	J1385						х	х		х		
STANT CORPORATION	J1107	Х	Х					х	х	Х		Х
STATE ACCIDENT INSURANCE FUND (SAIF) CORPORATION	J1720						х	х	х	Х		Х
STATE COMPENSATION INSURANCE FUND (SCIF)	35076						х	х	х	х		
STATE FARM	J1548						х	х	х	х	Х	
STATE FUND MUTUAL	J1553	Х	Х					х	х	х	Х	Х
STATE OF MINNESOTA - DOER	J1555						х	х	х	х	Х	Х
STATE OF NORTH CAROLINA	J1659						х	х	х	х	Х	
STATE OFFICE OF RISK MANAGEMENT	J1418	Х						х	х	х		Х
STIMSON LUMBER COMPANY - MT. OR. WA	41556						х	х	х	х		
STONINGTON C. CLUB	41556						х	х	х	х		
SUA INSURANCE COMPANY	40134						х	х	х	х		Х
SUMMIT HEALTH LTD	J1108	Х	Х					х	х	х		Х
SUMMIT HOLDINGS	J1437						х	х	х	х		Х
SUN MAR HEALTHCARE	J1610						Х	х	х	х	Х	Х
SUNRISE COUNTRY CLUB	41556						Х	х	х	х		
SUNZ INSURANCE COMPANY	J1584						Х	х	х	х	Х	х
SUPERIOR ACCESS INS SERVICES	41556						Х	х	х	х		
SUPERIOR INDUSTRIES INTERNATIONAL, INC.	41556						Х	х	х	х		
SUPERIOR READY MIX	41556						X	X	X	X		
SUPREME COURT OF CALIFORNIA	J1804						X	x	x	x		
SUTTER HEALTH	J1512			х			_ ^	X	X	X		х
	0.0.2	<u> </u>	1	_ ^	1	I	L	_ ^	_ ^	_ ^		^

Work	ers' Com	pensa	tion P	ayer I	_ist							
Payer Name		TX	MN	CA	NY	WI	All States	Professional	Institutional	Workers'	Auto	ERA
•	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
SWIFT TRANSPORTATION	J1109	Х	Х					Х	Х	Х		Х
T.H.E. INSURANCE	J1791						Х	Х	Х	Х	Х	Х
TAN MEDICAL GROUP	41556						Х	Х	Х	Х		
TANSGUARD INSURANCE COMPANY OF AMERICA	J1388						Х	Х	Х	Х		
TAYLOR CORPORATION (MURPHY AND BEANE)	J1533			Х				Х	Х	Х		Х
TD TILE	41556						Х	Х	Х	Х		
TECHNOLOGY INSURANCE CO	J1855						Х	Х	Х	Х		
TEXAS A&M	A0235	Х						Х	Х	Х		Х
TEXAS ASSOCIATION OF SCHOOL BOARDS	A0234						Х	Х	Х	Х		Х
TEXAS BUILDERS INSURANCE CO	J1581						Х	Х	Х	Х	Х	Х
TEXAS MUTUAL INSURANCE	22945						x	Х	Х	Х		Х
TEXAS MUTUAL LEAGUE (TML)	Click Here	Х						Х	Х	Х		Х
TEXAS ROADHOUSE INC	J1676						Х	Х	Х	Х	Х	Х
TEXAS SMALL BUSINESS POOL	J1110	Х	Х					х	х	Х		Х
THE AUTO CLUB GROUP	11983		Х					х	Х		Х	Х
THE GAP INC	J1671	Х	Х	Х				х	Х	Х	Х	Х
THE GENERAL INSURANCE	C1050						Х	х	Х		Х	Х
THE JONES FINANCIAL COMPANIES, LLP	J1846						Х	Х	Х	Х	Х	Х
THE HARTFORD	J1422						Х	Х	Х	Х		Х
THE MAIN STREET AMERICA GROUP / AMERICA ASSURANCE	J1837						Х	х	х	х	Х	х
THE MAIN STREET AMERICA GROUP / AUSTIN MUTUAL	J1834						Х	х	х	х	Х	Х
THE MAIN STREET AMERICA GROUP / GRAIN DEALERS MUTUAL	J1835						х	х	х	х	Х	х
THE MAIN STREET AMERICA GROUP / GREAT LAKES CASUALTY	J1836						х	х	х	х	Х	х
THE MAIN STREET AMERICA GROUP / INSURANCE PROTECTION	J1838						X	X	X	X	X	X
THE MAIN STREET AMERICA GROUP / MSAIC SURPLUS/NON-ADMITTED	J1839						X	X	x	X	X	X
THE MAIN STREET AMERICA GROUP / NGM	J1840						X	X	×	×	X	X
THE MAIN STREET AMERICA GROUP / OLD DOMINION INSURANCE COMPA							X	x	×	×	X	X
THE MAIN STREET AMERICA GROUP / SPRING VALLEY MUTUAL	J1842						X	X	X	X	X	X
THE MENS WEARHOUSE INC	J1615						X	X		X	X	X
THE SALVATION ARMY	J1472	.,		.,			1		X	X	X	
THE SCOTTS COMPANY	J1472 J1111	X X	Х	Х			Х	X X	X X	X		X X
THE ZENITH	13269	Χ	X				· ·	X				X
THERAPY DIRECT	J1831						X X	X	X X	X X		X
THOMAS STAFFING SERVICES, INC/VENTURI STAFFING	41556						X	X	X	X		X
TIDEWATER MARINE WESTERN	J1392						X	X	X	X	х	
TOPA INSURANCE COMPANY	J1537						X	X	X	X	X	
TOPA INSURANCE COMPANY TOPANGA ROSCOE CORP.	41556			Х			Х	X	X	X		Х
TOTAL PETROLEUM, INC.	J1112	Х	Х				X	X	X	X		x
TOWER ENERGY GROUP	J1604	Χ	X				х	X	X	X	Х	X
TOWER ENERGY GROUP TOWER INSURANCE COMPANY (FORMERLY SUA INSURANCE)	40134							X		X	X	
TOWN OF COLMA (CA)	J1668	1				-	X X	X	X X	X	Х	X X
TRACTOR SUPPLY COMPANY	J1505	-					X	X		X	^	
TRAVELERS	19046	1				-	X	X	X X	X		X X
TRAVELERS AUTO	C1032	,,	, ,	,,			X		Α	Χ	,,	X
TRI-CITY HEALTHCARE DISTRICT	41556	Х	Х	Х				X	.,		Х	
TRI-CITY HEALTHCARE DISTRICT TRI-CITY LINEN SUPPL	41556	 					X	X	X	X X		
TRICITY LINEN SUPPL TRICITY UNIFORM	41556	-					X	X	X			\vdash
TRIGHT UNIFORM	41000		l			l	Х	Х	Х	X		

Work	cers' Com	pensa	tion P	ayer I	List							
Payer Name		TX	MN	CA	NY	WI	All States	Professional	Institutional	Workers'	Auto	ERA
•	Payer ID	Only	Only	Only	Only	Only	All States	Claims	Claims	Comp Only	Only	(835)
TRIDENT INSURANCE	J1442						Х	Х	Х	Х		Х
TRILLIUM STAFFING SOLUTIONS	J1674						Х	Х	Х	Х	Х	Х
TRINITY UNIVERSAL INSURANCE	C1030		Х					Х	Х		Х	Х
TRIPLE A	11983		Х					Х	Х		Х	Х
TRI-STATE INSURANCE COMPANY	J1477	Х	Х					Х	Х	Х		Х
TRUCK INSURANCE EXCHANGE (COMMERCIAL ONLY)	C1034		Х					Х	Х		Х	Х
TRUMBALL INSURANCE COMPANY	C1040						Х	Х	Х		Х	Х
TUCSON UNIFIED SCHOOL DIST WC	41556						Х	Х	Х	Х		
TWIN CITIES FIRE INSURANCE CO	C1040						Х	Х	Х		Х	Х
TYSON FOODS INC.	J1732						х	Х	х	X		
U.S. STEEL	J1396		Х					Х	Х	Х		
UNDERWRITERS SAFETY AND CLAIMS	TP108	Х	Х					Х	Х	Х		Х
UNIGARD INSURANCE COMPANY - QBE DBA	J1484	Х	Х	х				Х	Х	Х		Х
UNION INSURANCE COMPANY	J1274	Х	Х	Х				Х	Х	Х		Х
UNION INSURANCE COMPANY OF PROVIDENCE	C1029		Х					Х	Х		Х	Х
UNION INSURANCE COMPANY OF PROVIDENCE	J1433		Х					Х	Х			Х
UNION INSURANCE COMPANY OF PROVIDENCE	25844						х	Х	Х	Х		Х
UNITED CONVALESCENT	41556						х	Х	х	Х		
UNITED DOMINION REALTY TRUST	J1048	Х	Х					Х	х	Х		Х
UNITED FIRE	J1401						х	Х	х	Х	Х	Х
UNITED STATES COLD STORAGE	J1113	х	Х					Х	х	Х		Х
UNITED SELF INSURED SERVICES	J1851						х	х	х	Х		
UNITED WISCONSIN INSURANCE COMPANY	J1235						Х	X	x	Х	Х	
UNITRIN AUTO & HOME INSURANCE	C1030		Х					X	x		X	Х
UNITRIN DIRECT AUTO INSURANCE	C1030		Х					X	x		X	Х
UNITRIN DIRECT PROPERTY & CASUALTY COMPANY	16063		Х					X	x		X	X
UNITRIN SAFEGUARD INSURANCE	C1030		Х					X	x		X	Х
UNIVERSITY OF COLORADO	41556						Х	X	x	Х		
USAA	J1822						X	X	x	X		
US FOODSERVICE, INC.	J1114	х	Х					X	x	X		Х
US MOBILE WIRELESS	41556						Х	X	X	X		
US NATIONAL RESOURCES (AIGRM)	J1115	х	Х					X	X	X		Х
USS-POSCO INDUSTRIES	J1534			Х				X	X	X		X
UTICA	C1027		Х					X	X		Х	Х
UTICA MUTUAL INSURANCE CO	25976	х	X	Х				X	X	х		Х
UTICA NATIONAL INSURANCE CO OF TEXAS	43478	X	X	X				×	x	X		X
V&M RESTORATION	41556	_ ~	_ ^				Х	×	x	X		
VALENZUELA ENG. INC	41556						X	X	x	X		
VALLEY CASEWORK INC	41556						X	×	x	X		
VALLEY HARVESTING & PACKING, INC.	41556						X	×	x	X		
VALLEY HEALTH CARE MANAGEMENT SERVICES, LLC	41556						X	×	x	X		
VALLEY HEALTH SYSTEM	41556						X	×	x	X		
VALLEY MEMORIAL HOSPITAL	41556						X	X	×	X		
VALLET MEMORIAL HOST TIAL VANLINERS INSURANCE COMPANY	21172						X	X	X	X		х
VENTURE PAC DEVELOP	41556						X	X	X	X		_^
VENTURE FAC BEVELOF VERMEER	J1118	Х	Х			Х	_ ^	X	X	X		х
VERTICAL CONCRETE	41556	^	^				х	X	X	X		^
			.,						^	^		
VIACOM (MURPHY AND BEANE)	J1533		Х				Х	х				Х

Work	cers' Com	pensa	tion P	ayer I	List							
Payer Name		TX	MN	CA	NY	WI	All States		Institutional	Workers'	Auto	ERA
•	Payer ID	Only	Only	Only	Only	Only	All Otatos	Claims	Claims	Comp Only	Only	(835)
VIAD CORP	J1403		Х					Х	Х	Х		
VICORP RESTAURANTS, INC.	J1116	Х	Х					Х	Х	Х		X
VICTOR PLASTICS	J1118	Х	Х			Х		Х	Х	Х		Х
VICTORIA ISD	41556						Х	Х	Х	Х		
VIRGINIA SURETY COMPANY, INC.	J1404						Х	Х	Х	Х	Х	
VISTA HILLS C CLUB	41556						Х	Х	Х	Х		
VOUGHT AIRCRAFT INDUSTRIES	J1405						Х	Х		Х		
W CO RADIOLOGY CNTR	41556						Х	Х	Х	Х		
WAL-MART	J1004	Х	Х					Х	Х	Х		
WASHINGTON COUNTY	41556						х	Х	Х	Х		
WASHINGTON HOSPITAL	41556						х	Х	Х	Х		
WATKINS MANUFACTURING CORPORATION	41556						Х	х	Х	Х		
WATTSHEALTH FOUNDATION, INC. (SNCC)	41556						х	Х	Х	Х		
WAWONA PACKING	41556						Х	х	Х	Х		
WERNER ENTERPRISES	J1856						Х	Х	Х	Х		
WESCO INSURANCE COMPANY	J1857						x	х	Х	X	Х	
WESLACO INDEPENDENT SCHOOL DISTRICT	41556						х	Х	Х	Х		
WEST BEND MUTUAL INSURANCE CO.	J1420						х	х	Х	Х		
WEST COAST HOSPITALS, INC.	41556						х	х	Х	Х		
WEST OSO ISD	41556						х	х	Х	Х		
WEST TEXAS RURAL COUNTIES ASSOCIATION PREFERRED RISK POOL - WC	41556						х	х	Х	Х		
WESTAMERICA/PHIL LONG DEALERSHIPS	41556						х	х	Х	Х		
WESTERN NATIONAL	J1495						х	Х	Х	Х	Х	Х
WESTERN NATIONAL ASSURANCE	J1569						х	Х	Х	Х	Х	Х
WESTERN NATIONAL INSURANCE \ PIONEER SPECIALITIES	J1586						х	х	Х	Х	Х	Х
WESTFIELD INSURANCE	J1858						х	Х	х			
WESTGUARD INSURANCE COMPANY - GUARD DBA	J1453						х	Х	Х	Х		Х
WILLAMETTE VIEW	41556						х	Х	Х	Х		
WILLIAMS & SONOMA	J1473						х	х	Х	Х		Х
WILMER-HUTCHINS ISD/DALLAS ISD	41556						х	Х	Х	Х		
WOODLAND FARMS	J1408						х	Х	Х	Х	Х	
WOODLAND PARK WEST	41556						х	Х	Х	Х		
WORKFORCE SAFETY AND INSURANCE (WSI)	J1500						х	х	Х	Х		Х
WYMAN-GORDON COMPANIES	J1117	Х	Х					Х	Х	Х		Х
XCEL ENERGY	J1628	Х	Х					Х	Х	Х	Х	Х
XCHANGING, INC	J1412	Х						Х	Х	Х		
XL ENVIRONMENTAL, INC.	J1055	х	Х					Х	Х	Х		Х
XL SPECIALTY INSURANCE	J1823						Х	х	х	х	Х	
YMCA	41556						Х	х	х	х		
YORK CLAIM SERVICES	J1421						Х	х	х	х	Х	
ZACHRY CONSTRUCTION	J1409						Х	х		х		
Z-NAT INSURANCE (ZENITH NATIONAL)	30120						Х	х	х	х		х
ZURICH FARMERS	J1015	Х	Х	х				х	х	х		Х
ZURICH INSURANCE N.A.	16535	х	Х	х				х	х	х		х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional		Workers'		ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
ABERNATHY	A0245	Х						Х	Х	Х		Х
ABILENE TRANSIT-CITY OF ABILENE	A0245	Х						Х	Х	Х		Х
ADDISON	A0245	Х						Х	Х	Х		Х
ADRIAN	A0245	Х						Х	Х	Х		Х
AGUA DULCE	A0245	Х						Х	Х	Х		Х
AGUA SUD	A0245	Х						Х	Х	Х		Х
AIRLINE IMPROVEMENT DISTRICT	A0245	Х						Х	Х	Х		Х
ALAMO	A0245	Х						Х	Х	Х		Х
ALAMO AREA COG	A0245	Х						Х	Х	Х		Х
ALAMO HEIGHTS	A0245	Х						Х	Х	Х		Х
ALAMO HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ALAMO REGIONAL MOBILITY AUTHORITY	A0245	Х						Х	Х	Х		Х
ALBA	A0245	Х						Х	Х	Х		Х
ALBA HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ALBANY	A0245	Х						Х	Х	Х		Х
ALEDO	A0245	Х						Х	Х	Х		Х
ALICE	A0245	Х						Х	Х	Х		Х
ALICE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ALLEN	A0245	Х						Х	Х	Х		Х
ALMA	A0245	Х						Х	Х	Х		Х
ALPINE	A0245	Х						Х	х	Х		Х
ALPINE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ALTO	A0245	Х						Х	Х	Х	ļ	Х
ALTO HOUSING AUTHORITY	A0245	Х						Х	Х	Х	ļ	Х
ALTON	A0245	Х						Х	Х	Х		Х
ALVARADO	A0245	Х						Х	Х	Х		Х
ALVIN	A0245	Х						Х	Х	Х		Х
ALVORD	A0245	Х						Х	Х	Х	ļ	Х
AMES	A0245	Х						Х	Х	Х	ļ	Х
AMHERST	A0245	Х						х	х	Х	ļ	Х
ANAHUAC	A0245	Х						Х	Х	Х	ļ	Х
ANDERSON	A0245	Х						Х	Х	Х	ļ	Х
ANDERSON CAD	A0245	Х						Х	Х	Х	ļ	Х
ANDERSON COUNTY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ANDERSON MILL LIMITED DISTRICT	A0245	Х						Х	Х	Х	ļ	Х
ANDREWS	A0245	Х						Х	Х	Х		Х
ANGLETON	A0245	Х						Х	Х	Х		Х
ANGLETON DRAINAGE DISTRICT	A0245	Х						Х	Х	Х		Х
ANGUS	A0245	Х						Х	Х	Х		Х
ANNA	A0245	Х						Х	Х	Х		Х
ANNETTA	A0245	Х						Х	Х	Х		Х
ANNETTA SOUTH	A0245	Х						Х	Х	Х		Х
ANNONA	A0245	Х						Х	х	Х		Х
ANSON	A0245	Х						Х	Х	Х		х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional	Institutional	Workers'	Auto	ERA
	.,	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
ANSON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ANTHONY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ANTHONY TOWN OF	A0245	Х						Х	Х	Х		Х
ANTON	A0245	Х						Х	Х	Х		Х
AQUILLA WATER SUPPLY DISTRICT	A0245	Х						Х	Х	Х		Х
ARANSAS COUNTY NAV DISTRICT #1	A0245	Х						Х	Х	Х		Х
ARANSAS PASS	A0245	Х						Х	Х	Х		Х
ARANSAS PASS HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ARCHER CAD	A0245	Х						Х	Х	Х		Х
ARCHER CITY	A0245	Х						Х	Х	Х		Х
ARCHER CITY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ARCOLA	A0245	Х						Х	Х	Х		Х
AREA METROPOLITAN AMBULANCE AUTHORITY	A0245	Х						Х	Х	Х		Х
ARGYLE	A0245	Х						Х	Х	Х		Х
ARK-TEX COG	A0245	Х						Х	Х	Х		Х
ARLINGTON ENTERTAINMENT AMD	A0245	Х						Х	Х	Х		Х
ARP	A0245	Х						Х	Х	Х		Х
ARTS OF COLLIN COUNTY COMM INC	A0245	Х						Х	Х	Х		Х
ASHERTON	A0245	Х						Х	Х	Х		Х
ASPERMONT	A0245	Х						Х	Х	Х		Х
ASPERMONT HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ATASCOSA CAD	A0245	Х						Х	Х	Х		Х
ATHENS	A0245	Х						Х	Х	Х		Х
ATHENS MUNICIPAL WATER AUTH	A0245	Х						Х	Х	Х		Х
ATLANTA	A0245	Х						Х	Х	Х		Х
ATLANTA HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
AUBREY	A0245	Х						Х	Х	Х		Х
AURORA	A0245	Х						Х	Х	Х		Х
AUSTIN CAD	A0245	Х						Х	Х	Х		Х
AUSTIN COUNTY ESD #2/SEALY VFD	A0245	Х						х	х	Х	ļ	Х
AUSTIN COUNTY ESD #3	A0245	Х						Х	Х	Х	ļ	Х
AUSTIN HOUSING AUTHORITY	A0245	Х						Х	Х	Х	ļ	Х
AUSTWELL	A0245	Х						Х	Х	Х	ļ	Х
AVERY	A0245	Х						Х	Х	Х		Х
AVERY HOUSING AUTHORITY	A0245	Х						Х	Х	Х	ļ	Х
AVINGER	A0245	Х						Х	Х	Х		Х
AVINGER HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
AZLE	A0245	Х						Х	Х	Х		Х
BACLIFF MUD	A0245	Х						Х	Х	Х		Х
BAILEY	A0245	Х						Х	Х	Х		Х
BAILEY CENTRAL APPRAISAL DIST	A0245	Х						Х	Х	Х		Х
BAILEY'S PRAIRIE VILLAGE OF	A0245	х						Х	х	Х		Х
BAIRD	A0245	Х						Х	х	Х		Х
BAIRD HOUSING AUTHORITY	A0245	Х						Х	Х	Х		х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional				ERA
	.,	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
BALCH SPRINGS	A0245	Х						Х	Х	Х		Х
BALCONES HEIGHTS	A0245	Х						Х	Х	Х		Х
BALLINGER	A0245	Х						Х	Х	Х		Х
BALLINGER HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
BALMORHEA	A0245	Х						Х	Х	Х		Х
BALMORHEA HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
BANDERA	A0245	Х						Х	Х	Х		Х
BANDERA COUNTY CENTRAL APPRAISAL DIST	A0245	Х						Х	х	Х		Х
BANDERA COUNTY FWSD #1	A0245	Х						Х	Х	Х		Х
BANDERA COUNTY RIVER AUTHORITY & GWD	A0245	Х						Х	Х	Х		Х
BANDERA SWCD	A0245	Х						Х	Х	Х		Х
BANGS	A0245	Х						Х	Х	Х		Х
BANGS HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
BARDWELL	A0245	Х						Х	Х	Х		Х
BARSTOW	A0245	Х						Х	Х	Х		Х
BARTLETT	A0245	Х						Х	Х	Х		Х
BARTLETT HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
BARTON SPRINGS/EDWARDS AQUIFER	A0245	Х						Х	Х	Х		Х
BARTONVILLE	A0245	Х						Х	Х	Х		Х
BASTROP	A0245	Х						Х	Х	Х		Х
BASTROP COUNTY ESD #1	A0245	Х						Х	Х	Х		Х
BASTROP COUNTY MUD #1	A0245	Х						Х	Х	Х		Х
BASTROP COUNTY SWCD #340	A0245	Х						Х	Х	Х	ļ	Х
BASTROP COUNTY WCID #2	A0245	Х						Х	Х	Х	ļ	Х
BASTROP COUNTY WCID #3	A0245	Х						Х	Х	Х		Х
BASTROP HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
BAY CITY	A0245	Х						Х	Х	Х		Х
BAY CITY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
BAYLOR CAD	A0245	Х						Х	Х	Х	ļ	Х
BAYOU VISTA	A0245	Х						х	х	Х	ļ	Х
BAYSIDE TOWN OF	A0245	Х						Х	Х	Х	ļ	Х
BAYTOWN HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
BAYVIEW IRRIGATION DISTRICT #11	A0245	Х						Х	Х	Х		Х
BAYVIEW MUD	A0245	Х						Х	Х	Х	ļ	Х
BAYVIEW TOWN OF	A0245	Х						Х	Х	Х		Х
BEACH CITY	A0245	Х						Х	х	Х		Х
BEASLEY	A0245	Х						Х	х	Х		Х
BEAUMONT HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
BECKVILLE	A0245	Х						Х	Х	Х		Х
BECKVILLE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
BEDFORD	A0245	Х						Х	х	Х		Х
BEDIAS	A0245	Х						Х	Х	Х		Х
BEE CAVE	A0245	Х						Х	Х	Х		Х
BEE DEVELOPMENT AUTHORITY	A0245	Х						Х	Х	Х		Х

Texas Municipal League (TML) BEEVILLE BEEVILLE HOUSING AUTHORITY	A0245 A0245 A0245 A0245 A0245	TX Only x x			NY Only		All	Professional		Workers'		ERA
BEEVILLE BEEVILLE HOUSING AUTHORITY	A0245 A0245 A0245	х	Only	Only	Only	Only	Ctataa					
BEEVILLE HOUSING AUTHORITY	A0245 A0245	_			_	Office	States	Claims	Claims	Comp Only	Only	(835)
	A0245	Х	_					Х	Х	Х		Х
								Х	Х	Х		Х
BELL COUNTY PUBLIC HEALTH DISTRICT	A0245	Х						Х	Х	Х		Х
BELL COUNTY WCID #2		Х						Х	Х	Х		Х
BELLA VISTA MUD	A0245	Х						Х	Х	Х		Х
BELLAIRE	A0245	Х						Х	Х	Х		Х
BELLEVUE BELLMEAD	A0245 A0245	Х						X	X	X		X X
BELLS	A0245 A0245	X X						X X	X X	X X		X
BELLVILLE	A0245 A0245	X						X	X	X		X
BELLVILLE HOUSING AUTHORITY	A0245	X						X	X	X		X
BELTON	A0245	X						×	X	×		X
BENAVIDES	A0245	Х						X	x	X		Х
BENBROOK	A0245	X						X	X	X		Х
BENBROOK PUBLIC LIBRARY DISTRICT	A0245	X						X	X	X		Х
BENBROOK WATER AUTHORITY	A0245	х						х	х	Х		Х
BENJAMIN	A0245	х						х	х	х		х
BERRYVILLE	A0245	х						х	х	х		Х
BERTRAM	A0245	х						х	х	х		х
BEVERLY HILLS	A0245	х						х	х	х		х
BEVIL OAKS	A0245	Х						х	Х	Х		Х
BEVIL OAKS MUD	A0245	Х						Х	Х	Х		Х
BEXAR APPRAISAL DISTRICT	A0245	Х						Х	х	Х		Х
BEXAR COUNTY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		х
BEXAR COUNTY WCID #10	A0245	Х						Х	x	Х		х
BEXAR METRO 911 DISTRICT	A0245	Х						Х	Х	X		Х
BEXAR METROPOLITAN WATER DISTRICT	A0245	Х						Х	х	Х		Х
BEXAR-MEDINA-ATASCOSA COUNTIES WCID #1	A0245	Х						Х	Х	Х		Х
BIG BEND SWCD #227	A0245	Х						Х	Х	Х		Х
BIG LAKE	A0245	Х						Х	х	Х		Х
BIG SANDY	A0245	Х						Х	Х	Х		Х
BIG SANDY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
BIG SPRING	A0245	Х						Х	Х	Х		Х
BIG SPRING HOUSING AUTHORITY	A0245	Х						X	X	X		Х
BIG WELLS BISHOP	A0245 A0245	X						X	X	X		X
BISHOP HILLS VILLAGE OF	A0245 A0245	X						X X	X X	X X		X
BISTONE MWSD	A0245 A0245	X						X X	X	X		X
BLANCO	A0245 A0245	X						X	X	X		X
BLANCO COUNTY SOUTH LIBRARY DIST/BLANCO	A0245 A0245	X						X	X	X	 	X
BLANCO-PEDERNALES GCD	A0245 A0245	X						X	X	X		X
BLANKET	A0245	X	1					X	X	X	 	X
BLOCK HOUSE MUD	A0245	X						X	X	X		X
BLOOMBURG	A0245	X						×	X	×		X

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional				ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
BLOOMING GROVE	A0245	Х						Х	Х	Х		Х
BLOOMING GROVE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
BLOSSOM	A0245	Х						Х	Х	Х		Х
BLOSSOM PRAIRIE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
BLUE MOUND	A0245	Х						Х	Х	Х		Х
BLUE RIDGE	A0245	Х						Х	Х	Х		Х
BLUM	A0245	Х						Х	Х	Х		Х
BOERNE	A0245	Х						Х	х	Х		Х
BOGATA	A0245	Х						Х	Х	Х		Х
BOGATA HOUSING AUTHORITY	A0245	Х						Х	Х	Х	ļ	Х
BOIS D'ARC MUD	A0245	Х						Х	Х	Х		Х
BOLIVAR PENINSULA SUD	A0245	Х						Х	Х	Х		Х
BONHAM	A0245	Х						Х	х	Х		Х
BONNEY VILLAGE OF	A0245	Х						Х	Х	Х		Х
BOOKER	A0245	Х						Х	Х	Х		Х
BORDER REGION MHMR	A0245	Х						Х	Х	Х		Х
BORGER	A0245	Х						Х	Х	Х		Х
BORGER HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
BOSQUE COUNTY CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		Х
BOVINA	A0245	Х						Х	Х	Х		Х
BOVINA HOUSING AUTHORITY	A0245	Х						Х	х	Х	ļ	Х
BOWIE	A0245	Х						Х	Х	Х		Х
BOWIE COUNTY ESD #1	A0245	Х						Х	х	Х		Х
BOWIE COUNTY ESD #2	A0245	Х						Х	Х	Х		Х
BOWIE COUNTY SWCD	A0245	Х						Х	Х	Х		Х
BOYD	A0245	Х						Х	Х	Х		Х
BRACKETTVILLE	A0245	Х						Х	Х	Х		Х
BRACKETTVILLE HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
BRADY	A0245	Х						Х	х	Х		Х
BRADY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
BRAZORIA	A0245	Х						Х	Х	Х		Х
BRAZORIA CAD	A0245	Х						Х	Х	Х		Х
BRAZORIA COUNTY CONS/RECL DIST #3	A0245	Х						Х	Х	Х		Х
BRAZORIA COUNTY DRAINAGE DISTRICT #5	A0245	Х						X	X	X		Х
BRAZORIA COUNTY MUD #18	A0245	X						X	X	X		X
BRAZORIA COUNTY MUD #25	A0245	X		-	\vdash			X	X	X		X
BRAZORIA COUNTY MUD #25	A0245	X		-	\vdash			X	X	X		X
BRAZORIA COUNTY MUD #26 BRAZORIA COUNTY MUD #35	A0245 A0245	X		-	\vdash			X	X	X		X
BRAZORIA COUNTY MUD #35 BRAZORIA DRAINAGE DISTRICT #4	A0245 A0245	X		-	\vdash			X	X	X		X
BRAZORIA DRAINAGE DISTRICT #4 BRAZORIA-FORT BEND COUNTY MUD #1	A0245 A0245	X						X	X	X		X
		X		-	\vdash			X	X	X		X
BRAZOS CAD	A0245	X						X	X	X		X
BRAZOS COUNTRY	A0245	Х						X	X	X		X
BRAZOS COUNTY ESD #1	A0245	Х						Х	X	Х		Х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional	Institutional	Workers'	Auto	ERA
	.,	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
BRAZOS COUNTY ESD #2	A0245	Х						Х	Х	Х		Х
BRAZOS COUNTY ESD #4	A0245	Х						Х	Х	Х		Х
BRAZOS COUNTY EMERGENCY 911	A0245	Х						Х	Х	Х		Х
BRAZOS RIVER AUTHORITY	A0245	Х						Х	х	Х		Х
BRAZOS VALLEY COG	A0245	Х						Х	х	Х		Х
BRAZOS VALLEY GCD	A0245	Х						Х	Х	Х		Х
BRAZOS VALLEY SWCD #557 BRECKENRIDGE	A0245 A0245	X						X	X	X		X
BRECKENRIDGE BRECKENRIDGE HOUSING AUTHORITY	A0245 A0245	X						X	X	X		X X
BREMOND	A0245 A0245	X X						X X	X	X X		X
BREMOND HOUSING AUTHORITY	A0245	X						X	X	X		X
BRENHAM	A0245 A0245	X						X	X	X		X
BRENHAM HOUSING AUTHORITY	A0245	X						X	X	X		X
BREWSTER CAD	A0245	X						X	X	X		X
BRIARCLIFF VILLAGE OF	A0245	X						×	X	×		X
BRIAROAKS	A0245	Х						X	X	X		X
BRIDGE CITY	A0245	X						X	X	X		Х
BRIDGEPORT	A0245	X						X	X	X		Х
BRIDGEPORT HOUSING AUTHORITY	A0245	х						X	х	X		Х
BRIGHT STAR-SALEM SUD	A0245	х						Х	х	Х		Х
BRISCOE CAD	A0245	х						х	х	х		Х
BRONTE	A0245	х						х	х	х		Х
BRONTE HOUSING AUTHORITY	A0245	х						Х	Х	Х		Х
BROOKESMITH SUD	A0245	х						Х	Х	Х		Х
BROOKSHIRE	A0245	Х						Х	Х	Х		Х
BROOKSHIRE MUNICIPAL WATER DISTRICT	A0245	Х						Х	х	Х		Х
BROOKSIDE VILLAGE	A0245	х						Х	х	Х		Х
BROWNFIELD	A0245	Х						Х	Х	Х		Х
BROWNFIELD HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
BROWNSBORO	A0245	Х						Х	Х	Х		Х
BROWNSVILLE	A0245	Х						Х	Х	Х		Х
BROWNSVILLE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
BROWNSVILLE NAVIGATION DISTRICT	A0245	Х						Х	Х	Х	ļ	Х
BROWNSVILLE PUBLIC UTILITIES BOARD	A0245	Х						Х	Х	Х	ļ	Х
BROWNWOOD PROMAINAGE HOUGHE AUTHORITY	A0245	Х						Х	Х	Х		Х
BROWNWOOD HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
BRUCEVILLE-EDDY	A0245	Х						Х	х	Х		Х
BRUSHY CREEK MUD	A0245	Х						X	X	X		X
BRYAN HOUSING AUTHORITY	A0245	X						X	X	X		X
BRYSON BRYSON HOUSING AUTHORITY	A0245 A0245	X		-	\vdash			X	X	X	-	X
		X		-				X	X	X		X
BUCKHOLTS	A0245	X						X	X	X		X
BUDA	A0245	X		-	\vdash			X	X	X	-	X
BUENA VISTA-BETHEL SUD	A0245	Х						Х	X	Х		Х

Work	ers' Com	pensa	ation	Pay	er Li	st						
Texas Municipal League (TML)	Payer ID	TX	MN	CA	NY	WI	All	Professional	Institutional	Workers'	Auto	ERA
Texas municipal League (TML)	rayei iD	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
BUFFALO	A0245	Х						х	Х	Х		Х
BUFFALO GAP	A0245	Х						х	Х	Х		Х
BUFFALO HOUSING AUTHORITY	A0245	Х						х	Х	Х		Х
BUFFALO SPRINGS	A0245	Х						х	Х	Х		Х
BULLARD	A0245	Х						х	Х	Х		Х
BULVERDE	A0245	Х						х	Х	Х		Х
BULVERDE AREA RURAL LIBRARY DISTRICT	A0245	Х						х	Х	Х		Х
BUNKER HILL VILLAGE	A0245	Х						x	Х	Х		Х
BURKBURNETT	A0245	Х						х	Х	Х		Х
BURKBURNETT HOUSING AUTHORITY	A0245	Х						х	Х	Х		Х
BURLESON	A0245	Х						х	Х	Х		Х
BURLESON COUNTY MUD #1	A0245	Х						х	Х	Х		Х
BURNET	A0245	Х						х	Х	Х		Х
BURNET CENTRAL APPRAISAL DISTRICT	A0245	Х						х	Х	Х		Х
BURNET HOUSING AUTHORITY	A0245	Х						х	Х	Х		Х
BURNEY ROAD MUD	A0245	Х						х	Х	Х		Х
BURTON	A0245	Х						х	Х	Х		Х
BYERS	A0245	Х						х	Х	Х		Х
BYNUM	A0245	Х						х	Х	Х		Х
CACTUS	A0245	Х						х	Х	Х		Х
CADDO BASIN SUD	A0245	Х						x	Х	Х		Х
CADDO MILLS	A0245	Х						х	Х	Х		Х
CADDO MILLS HOUSING AUTHORITY	A0245	Х						x	х	Х		х
CALDWELL	A0245	Х						x	х	Х		х
CALDWELL CAD	A0245	Х						x	х	Х		х
CALDWELL HOUSING AUTHORITY	A0245	Х						x	х	Х		х
CALDWELL-TRAVIS SWCD #304	A0245	Х						x	х	Х		х
CALHOUN COUNTY DD #11	A0245	Х						Х	Х	Х		Х
CALHOUN COUNTY E911 ECD	A0245	Х						Х	Х	Х		Х
CALHOUN COUNTY NAVIGATION DISTRICT	A0245	Х						Х	Х	Х		Х
CALHOUN COUNTY WCID #1	A0245	Х						Х	Х	Х		Х
CALLAHAN CAD	A0245	Х						Х	Х	Х		Х
CALLAHAN COUNTY NUTRITION PROJECT	A0245	Х						Х	Х	Х		Х
CALLISBURG	A0245	Х						Х	Х	Х		Х
CALVERT	A0245	Х						Х	Х	Х		Х
CALVERT HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
CAMERON	A0245	Х						Х	Х	Х		Х
CAMERON APPRAISAL DISTRICT	A0245	Х						х	х	х	<u> </u>	Х
CAMERON COUNTY DD #3	A0245	Х						х	х	Х		Х
CAMERON COUNTY HOUSING AUTHORITY	A0245	Х						х	х	Х		Х
CAMERON COUNTY ID #2	A0245	Х						Х	х	Х		Х
CAMERON HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
CAMP CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		Х
CAMP WOOD	A0245	Х						х	х	Х		Х

Worke	ers' Com	pensa	ation	Pay	er Li	st						
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional	Institutional	Workers'	Auto	ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
CAMPBELL	A0245	Х						Х	Х	Х		Х
CANADIAN	A0245	Х						Х	Х	Х		Х
CANEY CITY	A0245	Х						Х	Х	Х		Х
CANEY CREEK MUD	A0245	Х						Х	Х	Х		Х
CANTON	A0245	Х						Х	Х	Х		Х
CANYON	A0245	Х						Х	Х	Х		Х
CANYON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
CANYON LAKE COMM LIBRARY DISTRICT	A0245	Х						X	Х	X		Х
CANYON REGIONAL WATER AUTHORITY	A0245	Х						Х	Х	Х		Х
CAPE ROYALE UTILITY DISTRICT	A0245	Х						Х	Х	Х		Х
CAPITAL AREA COG	A0245	Х						X	X	X		Х
CAPITAL AREA RURAL TRANSPORTATION SYSTEM	A0245	Х						X	X	X		Х
CAPITAL METRO TRANSPORTATION AUTHORITY	A0245	Х						X	Х	Х		Х
CARMINE	A0245	Х						X	Х	Х		Х
CARRIZO SPRINGS	A0245	Х						X	Х	Х		Х
CARRIZO SPRINGS HOUSING AUTHORITY	A0245	Х						X	Х	Х		Х
CARSON CAD	A0245	х						Х	X	X		х
CASH SUD	A0245	Х						Х	Х	Х		Х
CASS CAD	A0245	Х						х	х	X		Х
CASS COUNTY ESD #1	A0245	Х						Х	Х	Х		Х
CASTRO CAD	A0245	Х						Х	Х	Х		Х
CASTROVILLE	A0245	Х						Х	Х	Х		Х
CEDAR BAYOU PARK UTILITY DISTRICT	A0245	Х						Х	Х	Х		Х
CEDAR HILL	A0245	Х						Х	Х	Х		Х
CEDAR PARK	A0245	Х						Х	Х	Х		Х
CELESTE	A0245	Х						х	х	X		Х
CELINA	A0245	Х						х	х	X		Х
CENTER HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
CENTERVILLE	A0245	Х						Х	Х	Х		Х
CENTERVILLE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
CENTRAL COLORADO RIVER AUTHORITY	A0245	Х						Х	Х	Х		Х
CENTRAL HARRIS COUNTY REGION WATER AUTH	A0245	Х						Х	Х	Х		Х
CENTRAL TEXAS COG	A0245	Х						х	х	X		Х
CENTRAL TEXAS GCD	A0245	Х						Х	Х	Х		Х
CENTRAL TEXAS REGIONAL MOBILITY AUTH	A0245	Х						Х	Х	Х		Х
CENTRAL TEXAS RURAL TRANSIT DISTRICT	A0245	Х						Х	Х	Х		Х
CENTRAL WCID	A0245	Х						Х	Х	Х		Х
CHALK HILL SUD	A0245	Х						Х	Х	Х		Х
CHAMBERS COUNTY PUBLIC HOSP DIST #1	A0245	Х						Х	Х	Х		Х
CHANDLER	A0245	Х						Х	Х	Х		Х
CHANNING	A0245	Х						Х	Х	Х		Х
CHARLOTTE	A0245	Х						Х	х	х		х
CHATEAU WOODS MUD	A0245	Х						Х	х	Х		Х
CHEROKEE CAD	A0245	Х						Х	Х	Х		Х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional	Institutional	Workers'	Auto	ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
CHICO	A0245	Х						Х	Х	Х		Х
CHILDRESS	A0245	Х						Х	Х	Х		Х
CHILDRESS CAD	A0245	Х						Х	Х	Х		Х
CHILDRESS HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
CHILLICOTHE	A0245	Х						Х	Х	Х		Х
CHINA	A0245	Х						Х	Х	Х		Х
CHINA GROVE CITY OF	A0245	Х						Х	Х	Х		Х
CHIRENO	A0245	Х						Х	Х	Х		Х
CHISHOLM TRAIL SUD	A0245	Х						Х	Х	Х		Х
CHRISTINE	A0245	Х						Х	Х	Х		Х
CIBOLO	A0245	Х						Х	Х	Х		Х
CIBOLO CREEK MUNICIPAL AUTHORITY	A0245	Х						х	х	Х		Х
CIMARRON MUD	A0245	Х						х	х	Х		Х
CINCO MUD #1	A0245	Х						Х	Х	Х		Х
CINCO MUD #7	A0245	Х						Х	Х	Х		Х
CINCO MUD #9	A0245	Х						Х	Х	Х		Х
CISCO	A0245	Х						Х	Х	Х		Х
CISCO HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
CLARENDON	A0245	Х						Х	Х	Х		Х
CLARENDON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
CLARKSVILLE	A0245	Х						Х	Х	Х		Х
CLARKSVILLE CITY	A0245	Х						Х	Х	Х		Х
CLARKSVILLE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
CLAUDE	A0245	Х						Х	Х	Х		Х
CLAY ROAD MUD	A0245	Х						Х	Х	Х		Х
CLEAR BROOK CITY MUD	A0245	Х						Х	Х	Х		Х
CLEAR CREEK WATERSHED AUTHORITY	A0245	Х						Х	Х	Х		Х
CLEAR LAKE CITY WATER AUTHORITY	A0245	Х						Х	Х	Х		Х
CLEAR LAKE SHORES	A0245	Х						Х	Х	Х		Х
CLEBURNE	A0245	Х						Х	Х	Х		Х
CLEVELAND	A0245	Х						Х	Х	Х		Х
CLIFTON	A0245	Х						Х	Х	Х		Х
CLIFTON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
CLINT TOWN OF	A0245	Х						Х	Х	Х		Х
CLUTE	A0245	Х						х	х	Х		Х
CLYDE	A0245	Х						Х	Х	Х		Х
СОАНОМА	A0245	Х						Х	Х	Х		Х
COASTAL BEND COG	A0245	Х						х	х	Х		Х
COASTAL PLAINS COMMUNITY MHMR CENTER	A0245	Х						х	х	Х		Х
COCKRELL HILL	A0245	Х						Х	Х	Х		Х
COKE COUNTY SWCD #219	A0245	Х						Х	Х	Х		Х
COLDSPRING	A0245	Х						Х	Х	Х		Х
COLEMAN	A0245	Х						Х	х	Х		Х
COLEMAN COUNTY SUD	A0245	Х						Х	Х	Х		х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional	Institutional	Workers'	Auto	ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
COLEMAN HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
COLLEYVILLE	A0245	Х						Х	Х	Х		Х
COLLIN CO CENTRAL APPRAISAL DIST	A0245	Х						Х	Х	Х		Х
COLLIN COUNTY SWCD	A0245	Х						Х	Х	Х		Х
COLLINSVILLE	A0245	Х						Х	Х	Х		Х
COLMESNEIL	A0245	Х						Х	Х	Х		Х
COLORADO CITY	A0245	Х						Х	Х	Х		Х
COLORADO CITY HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
COLORADO VALLEY TRANSIT DISTRICT	A0245	Х						Х	Х	Х		Х
COLUMBUS	A0245	Х						Х	Х	Х		Х
COMAL CAD	A0245	Х						Х	Х	Х		Х
COMAL COUNTY ESD #1	A0245	Х						х	х	Х		Х
COMAL COUNTY ESD #3	A0245	Х						х	х	Х		Х
COMAL COUNTY ESD #5	A0245	Х						Х	Х	Х		Х
COMAL COUNTY ESD #7	A0245	Х						Х	Х	Х		Х
COMAL COUNTY WATER ORIENTED RECREAT DIST	A0245	Х						Х	Х	Х		Х
COMANCHE	A0245	Х						Х	Х	Х		Х
COMANCHE CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		Х
COMANCHE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
COMBES	A0245	Х						Х	Х	Х		Х
COMBINE	A0245	Х						Х	Х	Х		Х
COMMERCE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
COMMODORE COVE IMPROVEMENT DISTRICT	A0245	Х						Х	Х	Х		Х
СОМО	A0245	Х						Х	Х	Х		Х
COMO HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
CONCHO CAD	A0245	Х						Х	Х	Х		Х
CONCHO SWCD #201	A0245	Х						Х	Х	Х		Х
CONCHO VALLEY COG	A0245	Х						Х	Х	Х		Х
CONROE	A0245	Х						Х	Х	Х		Х
CONVERSE	A0245	Х						Х	Х	Х		Х
COOKE CAD	A0245	Х						Х	Х	Х		Х
COOLIDGE	A0245	Х						Х	Х	Х		Х
COOLIDGE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
COOPER	A0245	Х						Х	х	Х		Х
COOPER HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
COPEVILLE SUD	A0245	Х						Х	х	Х		Х
COPPELL	A0245	Х						Х	х	Х		Х
COPPER CANYON	A0245	Х						Х	х	Х		Х
COPPERAS COVE	A0245	Х						Х	х	Х		Х
COPPERAS COVE HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
CORINTH	A0245	Х						Х	Х	Х		Х
CORINTHIAN POINT MUD #2	A0245	Х						Х	х	Х		Х
CORPUS CHRISTI DOWNTOWN MANAGEMENT DIST	A0245	Х						Х	Х	Х		Х
CORPUS CHRISTI HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional	Institutional	Workers'	Auto	ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
CORRIGAN	A0245	Х						Х	Х	Х		Х
CORRIGAN HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
CORSICANA	A0245	Х						Х	Х	Х		Х
CORSICANA HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
CORYELL CAD	A0245	Х						Х	Х	Х		Х
CORYELL CITY WATER SUPPLY DISTRICT	A0245	Х						Х	Х	Х		Х
COTTONWOOD CREEK MUD #1	A0245	Х						Х	Х	Х		Х
COTTONWOOD SHORES	A0245	Х						Х	Х	Х		Х
COTULLA	A0245	Х						Х	Х	Х		Х
COTULLA HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
COUNTY LINE SUD	A0245	Х						Х	Х	Х		Х
COVE	A0245	Х						х	х	Х		Х
COVINGTON	A0245	Х						х	х	Х		Х
COW CREEK GCD	A0245	Х						Х	Х	Х		Х
CRANDALL	A0245	Х						Х	Х	Х		Х
CRANE	A0245	Х						Х	Х	Х		Х
CRANFILLS GAP	A0245	Х						Х	Х	Х		Х
CRAWFORD	A0245	Х						Х	Х	Х		Х
CREEDMOOR	A0245	Х						Х	Х	Х		Х
CRESSON	A0245	Х						Х	Х	Х		Х
CROCKETT	A0245	Х						Х	Х	Х		Х
CROCKETT COUNTY GCD	A0245	Х						Х	Х	Х		Х
CROCKETT COUNTY SWCD	A0245	Х						Х	Х	Х		Х
CROCKETT COUNTY WCID #1	A0245	Х						Х	Х	Х		Х
CROSBY CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		Х
CROSBY MUD	A0245	Х						Х	Х	Х		Х
CROSBYTON	A0245	Х						Х	Х	Х		Х
CROSBYTON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
CROSS PLAINS	A0245	Х						Х	Х	Х		Х
CROSS PLAINS HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
CROSS ROADS	A0245	Х						Х	Х	Х		Х
CROSS ROADS SUD	A0245	Х						Х	Х	Х		Х
CROSS TIMBER	A0245	Х						Х	Х	Х		Х
CROSS TIMBERS SWCD #556	A0245	Х						Х	х	Х		Х
CROWELL	A0245	Х						Х	Х	Х		Х
CROWELL HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
CROWLEY	A0245	Х						Х	х	Х		Х
CRYSTAL CITY	A0245	Х						Х	х	Х		Х
CRYSTAL CITY HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
CUERO	A0245	Х						Х	х	Х		Х
CUERO COMMUNITY HOSPITAL	A0245	Х						Х	Х	Х		Х
CUERO HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
CULBERSON CAD	A0245	Х						Х	Х	Х		Х
CULBERSON COUNTY GCD	A0245	Х						Х	х	Х		Х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional	Institutional	Workers'	Auto	ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
CUMBY	A0245	Х						Х	Х	Х		Х
CUMBY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
CUNEY	A0245	Х						Х	Х	Х		Х
CUT AND SHOOT	A0245	Х						Х	Х	Х		Х
CYPRESS SPRINGS SUD	A0245	Х						Х	Х	Х		Х
DISH TOWN OF	A0245	Х						Х	Х	Х		Х
DAINGERFIELD	A0245	Х						Х	Х	Х		Х
DAINGERFIELD HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
DAISETTA	A0245	Х						Х	Х	Х		Х
DALHART	A0245	Х						Х	Х	Х		Х
DALLAS CAD	A0245	Х						Х	Х	Х		Х
DALLAS COUNTY FLOOD CONTROL DIST #1	A0245	Х						Х	Х	Х		Х
DALLAS COUNTY PARK CITIES MUD	A0245	Х						х	х	Х		Х
DALLAS COUNTY WCID #6	A0245	Х						Х	Х	Х		Х
DALLAS HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
DALWORTHINGTON GARDENS	A0245	Х						Х	Х	Х		Х
DANBURY	A0245	Х						Х	Х	Х		Х
DARROUZETT	A0245	Х						Х	Х	Х		Х
DARROUZETT HOSPITAL DISTRICT	A0245	Х						Х	Х	Х		Х
DAWSON	A0245	Х						Х	Х	Х		Х
DAWSON COUNTY CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	х	Х		Х
DAWSON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
DAYTON	A0245	Х						Х	Х	Х		Х
DAYTON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
DAYTON LAKES	A0245	Х						Х	Х	Х		Х
DE LEON	A0245	Х						Х	Х	Х		Х
DE LEON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
DEKALB	A0245	Х						Х	Х	Х		Х
DEKALB HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
DESOTO	A0245	Х						х	х	Х		Х
DEWITT CAD	A0245	Х						Х	Х	Х		Х
DEAF SMITH CAD	A0245	Х						Х	Х	Х		Х
DECATUR	A0245	Х						Х	Х	Х		Х
DEER PARK	A0245	Х						Х	Х	Х		Х
DEL RIO	A0245	Х						Х	Х	Х		Х
DEL RIO HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
DELL CITY	A0245	Х						Х	Х	Х		Х
DELTA CAD	A0245	Х						Х	Х	Х		Х
DELTA COUNTY MUD	A0245	Х						Х	Х	Х		Х
DELTA COUNTY SWCD	A0245	Х						х	х	Х		Х
DENCO AREA 911 DISTRICT	A0245	Х						Х	Х	Х		Х
DENISON	A0245	Х						Х	Х	Х		Х
DENISON HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
DENTON CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		х

Worke	ers' Com	pensa	ation	Pay	er Li	st						
Texas Municipal League (TML)	Paver ID	TX	MN	CA	NY	WI	All	Professional	Institutional	Workers'	Auto	ERA
Texas municipal League (TML)	rayerib	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
DENTON COUNTY TRANSPORTATION AUTH	A0245	Х						Х	Х	Х		Х
DENTON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
DENVER CITY	A0245	Х						Х	Х	Х		Х
DEPORT	A0245	Х						Х	Х	Х		Х
DEPORT HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
DETROIT	A0245	Х						Х	Х	Х		Х
DETROIT HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
DEVERS	A0245	Х						Х	Х	X		Х
DEVIL'S RIVER SWCD #224	A0245	Х						Х	Х	Х		Х
DEVINE	A0245	Х						Х	Х	Х		Х
DEVINE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
DIANA SPECIAL UTILITY DISTRICT	A0245	Х						Х	х	х		Х
DIBOLL HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
DICKENS	A0245	Х						Х	Х	Х		Х
DICKINSON	A0245	Х						Х	Х	Х		Х
DILLEY	A0245	Х						Х	Х	Х		Х
DILLEY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
DIMMIT CAD	A0245	Х						Х	Х	Х		Х
DIMMITT	A0245	Х						Х	Х	Х		Х
DIMMITT COUNTY EMS	A0245	Х						Х	Х	Х		Х
DODD CITY	A0245	Х						Х	Х	Х		Х
DOMINO	A0245	Х						Х	Х	Х		Х
DONLEY COUNTY HOSPITAL DISTRICT	A0245	Х						Х	Х	Х		Х
DONLEY COUNTY SWCD #127	A0245	Х						Х	Х	Х		Х
DONNA	A0245	Х						Х	Х	Х		Х
DONNA HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
DORCHESTER	A0245	Х						Х	Х	Х		Х
DOUBLE OAK TOWN OF	A0245	Х						Х	Х	Х		Х
DOUGLASSVILLE	A0245	Х						Х	Х	Х		Х
DRIFTWOOD ECONOMIC DEVELOPMENT MGMT DIST	A0245	Х						Х	Х	Х		Х
DRIPPING SPRINGS	A0245	Х						Х	Х	X		Х
DRIPPING SPRINGS COMMUNITY LIBRARY DIST	A0245	Х						Х	Х	X		Х
DRISCOLL	A0245	Х						Х	Х	X		Х
DUBLIN	A0245	Х						Х	Х	Х		Х
DUBLIN HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
DUMAS	A0245	Х						Х	Х	Х		Х
DUNCANVILLE	A0245	Х						Х	Х	Х		Х
DUVAL CAD	A0245	Х						Х	Х	Х		Х
DUVAL COUNTY CONS/RECL DISTRICT	A0245	Х						Х	Х	Х		Х
EAGLE LAKE	A0245	Х						Х	Х	Х		Х
EAGLE PASS	A0245	Х						Х	Х	Х		Х
EAGLE PASS HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
EAGLE PASS WATERWORKS	A0245	Х						Х	Х	Х		Х
EARLY	A0245	Х						Х	X	X		Х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional	Institutional	Workers'	Auto	ERA
	.,	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
EARTH	A0245	Х						Х	Х	Х		Х
EAST ALDINE MANAGEMENT DISTRICT	A0245	Х						Х	Х	Х		Х
EAST BERNARD	A0245	Х						Х	Х	Х		Х
EAST CEDAR CREEK FWSD	A0245	Х						Х	х	Х		Х
EAST CENTRAL SUD	A0245	Х						Х	х	Х		Х
EAST DOWNTOWN MANAGEMENT DISTRICT	A0245	Х						Х	Х	Х		Х
EAST FORK SUD EAST MEDINA COUNTY SUD	A0245 A0245	X						X	X	X		X
EAST MOUNTAIN	A0245 A0245	X						X	X X	X		X X
EAST TAWAKONI	A0245 A0245	X X						X X	X	X X		X
EAST TAWARONI EAST TEXAS COG	A0245	X						X	X	X		X
EAST TRAVIS GATEWAY LIBRARY DISTRICT	A0245	X						X	X	X		X
EASTLAND	A0245	X						X	X	X		X
EASTON	A0245	X						X	X	X		X
ECTOR	A0245	X						×	X	×		X
ECTOR COUNTY EMERGENCY COMM DISTRICT	A0245	Х						X	X	X		X
EDCOUCH	A0245	X						X	X	X		Х
EDCOUCH HOUSING AUTHORITY	A0245	Х						X	Х	X		Х
EDEN	A0245	х						X	х	X		Х
EDEN HOUSING AUTHORITY	A0245	х						Х	х	Х		Х
EDGECLIFF VILLAGE TOWN OF	A0245	х						х	х	х		Х
EDGEWOOD	A0245	х						х	х	х		Х
EDGEWOOD HOUSING AUTHORITY	A0245	х						Х	Х	Х		Х
EDINBURG HOUSING AUTHORITY	A0245	х						Х	Х	Х		Х
EDMONSON	A0245	Х						Х	Х	Х		Х
EDNA	A0245	Х						Х	х	Х		Х
EDNA HOUSING AUTHORITY	A0245	х						Х	х	Х		Х
EDOM	A0245	Х						Х	Х	Х		Х
EDWARDS AQUIFER AUTHORITY	A0245	Х						Х	х	Х		Х
EDWARDS PLATEAU SWCD	A0245	Х						Х	Х	Х		Х
EL CAMPO	A0245	Х						Х	Х	Х		Х
EL CAMPO HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
EL LAGO	A0245	Х						Х	Х	Х	ļ	Х
EL PASO CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х	ļ	Х
EL PASO COUNTY 911 DISTRICT	A0245	Х						Х	Х	Х		Х
EL PASO COUNTY ESD #1	A0245	Х						Х	Х	Х		Х
EL PASO COUNTY ESD #2	A0245	Х						X	X	X		Х
EL PASO COUNTY HOUSING AUTHORITY	A0245	X						X	X	X		X
EL PASO COUNTY TORNILLO WID EL PASO COUNTY WCID #4	A0245 A0245	X						X	X	X		X
ELDORADO	A0245 A0245	X						X	X	X		X
ELDORADO HOUSING AUTHORITY	A0245 A0245	X						X	X	X		X
ELECTRA	A0245 A0245	X						X	X	X		X
		X		-				X	X	X		X
ELECTRA HOUSING AUTHORITY	A0245	Х						Х	X	Х		Х

Worke	ers' Com	pensa	ation	Pay	er Li	st						
Texas Municipal League (TML)	Paver ID	TX	MN	CA	NY	WI	All	Professional	Institutional	Workers'	Auto	ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
ELGIN	A0245	Х						Х	Х	Х		Х
ELGIN HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ELKHART	A0245	Х						Х	Х	Х		Х
ELLIS CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		Х
ELLIS COUNTY ESD #9	A0245	Х						Х	Х	Х		Х
ELLIS-PRAIRIE SWCD	A0245	Х						Х	Х	Х		Х
ELM CREEK WATERSHED AUTHORITY	A0245	Х						Х	Х	Х		Х
ELMENDORF	A0245	Х						Х	Х	X		Х
ELSA	A0245	Х						Х	Х	Х		Х
ELSA HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
EMERALD BAY MUD	A0245	Х						Х	Х	Х		Х
EMHOUSE	A0245	Х						Х	Х	Х		Х
EMORY	A0245	Х						Х	Х	Х		Х
ENCHANTED OAKS	A0245	Х						Х	Х	Х		Х
ENCINAL	A0245	Х						Х	Х	Х		Х
ENGELMAN IRRIGATION DISTRICT	A0245	Х						Х	Х	Х		Х
ENNIS	A0245	Х						Х	Х	Х		Х
ENNIS HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ERATH CAD	A0245	Х						Х	Х	Х		Х
ESCOBARES	A0245	Х						Х	Х	Х		Х
ESTELLINE	A0245	Х						Х	Х	Х		Х
EULESS	A0245	Х						Х	Х	Х		Х
EUSTACE	A0245	Х						Х	Х	Х		Х
EVANT	A0245	Х						Х	Х	Х		Х
EVERMAN	A0245	Х						Х	Х	X		Х
FAIR OAKS RANCH	A0245	Х						Х	Х	X		Х
FAIRFIELD	A0245	Х						Х	Х	Х		Х
FAIRVIEW	A0245	Х						Х	Х	Х		Х
FALFURRIAS	A0245	Х						Х	Х	Х		Х
FALFURRIAS HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
FALFURRIAS UTILITY BOARD	A0245	Х						Х	Х	Х		Х
FALLS CAD	A0245	Х						Х	Х	Х		Х
FALLS CITY	A0245	Х						Х	Х	Х		Х
FALLS CITY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
FANNIN CAD	A0245	Х						Х	Х	Х		Х
FANNIN COUNTY SWCD	A0245	Х						Х	Х	Х		Х
FARMERS BRANCH	A0245	Х						Х	Х	Х		Х
FARMERSVILLE	A0245	Х						Х	Х	Х		Х
FARWELL	A0245	Х						Х	Х	Х		Х
FATE	A0245	Х						Х	Х	Х		Х
FAYETTE CAUNTY COMPA	A0245	Х						Х	Х	Х		Х
FAYETTE COUNTY GWCD	A0245	Х						Х	Х	Х		Х
FAYETTE COUNTY WCID	A0245	Х						Х	Х	Х		Х
FAYETTEVILLE	A0245	Х						X	X	X		Х

Worke	ers' Com	pensa	ation	Pay	er Li	st						
Texas Municipal League (TML)	Paver ID	TX	MN	CA	NY	WI	All	Professional	Institutional	Workers'	Auto	ERA
rexas municipal League (TML)	rayei iD	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
FERN BLUFF MUD	A0245	Х						Х	x	Х		Х
FERRIS	A0245	Х						Х	Х	Х		х
FERRIS HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
FIRST COLONY LID	A0245	Х						Х	Х	X		Х
FIRST COLONY MANAGEMENT DISTRICT	A0245	Х						Х	Х	Х		Х
FISHER COUNTY HOSPITAL DISTRICT	A0245	Х						Х	Х	Х		Х
FLAMINGO ISLES MUD	A0245	Х						Х	Х	Х		Х
FLATONIA	A0245	Х						X	Х	Х		X
FLATONIA HOUSING AUTHORITY FLORENCE	A0245 A0245	X						X X	X	X		X X
FLORESVILLE	A0245 A0245	X							X	X		X
FLORESVILLE FLORESVILLE ELECTRIC LIGHT/POWER SYSTEM	A0245 A0245	X X						X X	X X	X X		X
FLORESVILLE ELECTRIC LIGHT/FOWER STSTEM FLORESVILLE HOUSING AUTHORITY	A0245	X						X	X	X		X
FLOWER MOUND TOWN OF	A0245 A0245	X						X	X	X		X
FLOYDADA	A0245	X						X	X	X		X
FLOYDADA HOUSING AUTHORITY	A0245	Х						×	X	×		X
FLYING L PUBLIC UTILITY DIST	A0245	Х						X	x	X		X
FOARD CAD	A0245	Х						X	X	X		X
FOARD COUNTY HOSPITAL DISTRICT	A0245	Х						X	x	X		X
FOLLETT	A0245	Х						X	x	X		х
FOREST HILL	A0245	х						Х	х	Х		Х
FOREST HILL LIBRARY DISTRICT	A0245	х						Х	х	Х		Х
FOREST HILLS MUD	A0245	х						Х	х	Х		х
FORNEY	A0245	х						Х	х	х		х
FORSAN	A0245	Х						Х	х	Х		Х
FORT BEND COUNTY ESD #2	A0245	Х						Х	Х	Х		Х
FORT BEND COUNTY FWSD #1	A0245	х						Х	Х	Х		х
FORT BEND COUNTY FWSD #2	A0245	Х						Х	Х	Х		Х
FORT BEND COUNTY MUD #189	A0245	Х						Х	х	Х		Х
FORT BEND COUNTY MUD #25	A0245	Х						Х	Х	Х		Х
FORT BEND COUNTY MUD #5	A0245	Х						Х	Х	Х		Х
FORT BEND COUNTY MUD #50	A0245	Х						Х	Х	X		Х
FORT BEND COUNTY MUD #67	A0245	Х						Х	Х	X		Х
FORT BEND ESD #3	A0245	Х						Х	Х	X		Х
FORT CLARK MUD	A0245	Х						Х	Х	X		Х
FORT HANCOCK WCID	A0245	Х						Х	Х	Х		Х
FORT STOCKTON	A0245	Х						X	Х	X		X
FORT WORTH HOUSING AUTHORITY FOUR WAY SUD	A0245	X						X	X	X		X
FRANKLIN	A0245 A0245	X						X	X	X		X
FRANKLIN FRANKLIN CAD	A0245 A0245	X X						X	X	X		X
FRANKLIN HOUSING AUTHORITY	A0245 A0245	X						X X	X X	X X		X
FRANKSTON	A0245 A0245	X						X	X	X		X
FREDERICKSBURG	A0245 A0245	X						X	X	X		X
FREDERICKSBURG	AU245	Х						Х	X	X		X

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional	Institutional	Workers'	Auto	ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
FREEPORT	A0245	Х						Х	Х	Х		Х
FREER	A0245	Х						Х	Х	Х		Х
FREER WCID	A0245	Х						Х	Х	Х		Х
FREESTONE CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		Х
FRIENDSWOOD	A0245	Х						Х	Х	Х		Х
FRIO CAD	A0245	Х						Х	Х	Х		Х
FRIONA	A0245	Х						Х	Х	Х		Х
FRISCO	A0245	Х						Х	х	Х		Х
FRISCO HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
FRITCH	A0245	Х						Х	Х	Х		Х
FROST	A0245	Х						Х	Х	Х		Х
FRUITVALE	A0245	Х						Х	Х	Х		Х
FRUITVALE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
FULSHEAR	A0245	Х						Х	Х	Х		Х
FULTON	A0245	Х						Х	Х	Х		Х
GAINES CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		Х
GAINESVILLE	A0245	Х						Х	Х	Х		Х
GAINESVILLE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
GALENA PARK	A0245	Х						Х	Х	Х		Х
GALLATIN	A0245	Х						Х	Х	Х		Х
GALVESTON CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		Х
GALVESTON COUNTY DD #1	A0245	Х						Х	Х	Х		Х
GALVESTON COUNTY DD #2	A0245	Х						Х	Х	Х		Х
GALVESTON COUNTY FWSD #6	A0245	Х						Х	Х	Х		Х
GALVESTON COUNTY HEALTH DISTRICT	A0245	Х						Х	Х	Х		Х
GALVESTON COUNTY MUD #12	A0245	Х						Х	Х	Х		Х
GALVESTON COUNTY MUD #15	A0245	Х						Х	Х	Х		Х
GALVESTON COUNTY MUD #2	A0245	Х						Х	Х	Х		Х
GALVESTON COUNTY MUD #29	A0245	Х						Х	Х	Х		Х
GALVESTON COUNTY MUD #3	A0245	Х						Х	Х	Х		Х
GALVESTON COUNTY MUD #39	A0245	Х						Х	Х	Х		Х
GALVESTON COUNTY WCID #1	A0245	Х						Х	Х	Х		Х
GALVESTON COUNTY WCID #19	A0245	Х						Х	х	Х		Х
GALVESTON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
GANADO	A0245	Х						Х	х	Х		Х
GARDEN RIDGE	A0245	Х						Х	х	Х		Х
GARRETT	A0245	Х						Х	х	Х		Х
GARRISON	A0245	Х						Х	х	Х		Х
GARY	A0245	Х						Х	Х	Х		Х
GASTONIA-SCURRY SUD	A0245	Х						Х	Х	Х		Х
GATESVILLE	A0245	Х						Х	Х	Х		Х
GATESVILLE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
GEORGE WEST	A0245	Х						Х	х	Х		Х
GEORGETOWN	A0245	Х						Х	х	Х		х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional				ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
GEORGETOWN HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
GIDDINGS	A0245	Х						Х	Х	Х		Х
GILLESPIE CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		Х
GILLESPIE COUNTY SWCD #220	A0245	Х						Х	Х	Х		Х
GILMER	A0245	Х						Х	Х	Х		Х
GILMER HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
GLADEWATER	A0245	Х						Х	Х	Х		Х
GLADEWATER HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
GLASSCOCK COUNTY SWCD	A0245	Х						Х	Х	Х		Х
GLASSCOCK GCD	A0245	Х						Х	Х	Х		Х
GLEN ROSE	A0245	Х						Х	Х	Х		Х
GLENN HEIGHTS	A0245	Х						х	х	Х		Х
GODLEY	A0245	Х						Х	Х	Х		Х
GOLDEN CRESCENT REGIONAL PLANNING COMM.	A0245	Х						Х	Х	Х		Х
GOLDSMITH	A0245	Х						Х	Х	Х		Х
GOLDTHWAITE	A0245	Х						Х	Х	Х		Х
GOLDTHWAITE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
GOLIAD	A0245	Х						Х	Х	Х		Х
GOLIAD HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
GOLINDA	A0245	Х						Х	Х	Х		Х
GONZALES	A0245	Х						Х	х	Х		Х
GONZALES COUNTY ESD #1	A0245	Х						Х	Х	Х		Х
GONZALES COUNTY SWCD #338	A0245	Х						Х	Х	Х		Х
GONZALES COUNTY UWCD	A0245	Х						Х	Х	Х		Х
GONZALES HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
GOODLOW	A0245	Х						Х	Х	Х		Х
GOODRICH	A0245	Х						Х	Х	Х		Х
GORDON	A0245	Х						Х	Х	Х	ļ	Х
GOREE	A0245	Х						Х	Х	Х	ļ	Х
GORMAN	A0245	Х						х	х	Х	ļ	Х
GORMAN HOUSING AUTHORITY	A0245	Х						Х	Х	Х	ļ	Х
GRAFORD	A0245	Х						Х	Х	Х	ļ	Х
GRAHAM	A0245	Х						Х	Х	Х	ļ	Х
GRANBURY	A0245	Х						Х	Х	Х		Х
GRANBURY HOUSING AUTHORITY	A0245	Х						Х	Х	Х	ļ	Х
GRAND PRAIRIE	A0245	Х						Х	Х	Х		Х
GRAND SALINE	A0245	Х						Х	х	Х		Х
GRAND SALINE HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
GRANDFALLS	A0245	Х						Х	Х	Х		Х
GRANDFALLS HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
GRANDVIEW	A0245	Х						Х	Х	Х		Х
GRANDVIEW HOUSING AUTHORITY	A0245	Х						х	х	Х		Х
GRANGER	A0245	х						Х	Х	Х		Х
GRANGER HOUSING AUTHORITY	A0245	Х						Х	Х	Х		х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional				ERA
			Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	
GRANITE SHOALS	A0245	Х						Х	Х	Х		Х
GRANJENO	A0245	Х						Х	Х	Х		Х
GRANT ROAD PUD	A0245	Х						Х	Х	Х		Х
GRAPELAND	A0245	Х						Х	Х	Х		Х
GRAPELAND HOUSING AUTHORITY	A0245	Х						X	X	X		X
GRAPEVINE GRAPEVINE HOUSING AUTHORITY	A0245	Х						X	X	X		X
GRAY CAD	A0245 A0245	X X						X X	X X	X X		X
GRAYSON COUNTY HOUSING AUTHORITY	A0245 A0245	X						X	X	X		X
GREATER EAST END MGMT DISTRICT	A0245 A0245	X						X	X	X		X
GREATER NORTHSIDE MANAGEMENT DISTRICT	A0245	X						X	X	X		X
GREEN VALLEY SUD	A0245	X						X	X	X		X
GREENBELT MUNICIPAL & INDUSTRIAL WA	A0245	X						×	X	×		X
GREENSPOINT DISTRICT	A0245	X						X	X	X		X
GREENVILLE	A0245	Х						X	X	X		X
GREENVILLE HOUSING AUTHORITY	A0245	Х						X	х	x		Х
GREGG CAD	A0245	Х						X	х	X		Х
GREGORY	A0245	х						Х	х	Х		Х
GREGORY HOUSING AUTHORITY	A0245	х						Х	х	Х		Х
GREY FOREST	A0245	х						х	х	х		Х
GRIMES CAD	A0245	х						х	х	х		Х
GRIMES COUNTY MUD #1	A0245	х						Х	х	Х		Х
GROESBECK	A0245	Х						Х	Х	Х		Х
GROESBECK HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
GROOM	A0245	Х						Х	х	Х		Х
GROVES	A0245	х						Х	х	Х		Х
GRUVER	A0245	Х						Х	х	Х		Х
GULF COAST WATER AUTHORITY	A0245	Х						Х	Х	Х		Х
GUN BARREL CITY	A0245	Х						Х	Х	Х		Х
GUNTER	A0245	Х						Х	Х	Х		Х
GUSTINE	A0245	Х						Х	Х	Х		Х
HACIENDAS DEL NORTE WID	A0245	Х						Х	х	Х		Х
HACKBERRY	A0245	Х						Х	Х	Х		Х
HALE CAD	A0245	Х						Х	Х	Х		Х
HALE CENTER	A0245	Х						X	X	X	-	X
HALE CENTER HOUSING AUTHORITY	A0245	X		-	-			X	X	X	1	X
HALE COUNTY HOUSING AUTHORITY	A0245	X		-	\vdash			X	X	X	-	X
HALE COUNTY SWCD #132	A0245	X						X	X	X		X
HALL CAD HALL COUNTY HOSPITAL DISTRICT	A0245 A0245	X		-				X	X	X		X
HALL-CHILDRESS SWCD #109	A0245 A0245	X		-				X	X	X		X
HALLETTSVILLE	A0245 A0245	X		-				X	X X	X	1	X
HALLSVILLE HALLSVILLE	A0245 A0245	X						X		X		
		X		-				X	X	X		X
HALTOM CITY	A0245	Х						Х	X	Х		Х

Worke	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional		Workers'		ERA
			Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	
HALTOM CITY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
HAMILTON	A0245	Х						Х	Х	Х		Х
HAMILTON CAD	A0245	Х						Х	Х	Х		Х
HAMILTON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
HAMILTON/CORYELL SWCD HAMLIN	A0245	Х						X	X	X		X
HAMLIN HOUSING AUTHORITY	A0245 A0245	Х						X	X	X		X
HANSFORD CAD	A0245 A0245	X X						X X	X X	X X		X
HAPPY	A0245	X						X	X	X		X
HARDIN	A0245	X						X	X	X		X
HARDIN COUNTY ESD #2	A0245	X						×	X	×		X
HARDIN COUNTY WCID #1	A0245	X						X	X	X		X
HARKER HEIGHTS	A0245	Х						X	X	X		Х
HARLINGEN	A0245	Х						X	X	X		Х
HARLINGEN HOUSING AUTHORITY	A0245	Х						х	X	X		Х
HARLINGEN IRRIGATION DISTRICT #1	A0245	х						х	х	х		Х
HARRIS CAD	A0245	х						х	х	х		Х
HARRIS COUNTY ESD #1	A0245	Х						х	х	х		Х
HARRIS COUNTY ESD #13	A0245	х						х	х	Х		Х
HARRIS COUNTY ESD #24	A0245	х						Х	Х	Х		Х
HARRIS COUNTY ESD #5	A0245	Х						Х	х	Х		Х
HARRIS COUNTY ESD #6	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY FWSD #27	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY FWSD #47	A0245	х						Х	х	Х		Х
HARRIS COUNTY FWSD #58	A0245	Х						Х	х	Х		Х
HARRIS COUNTY ID#3-UPPER KIRBY MGMT DIST	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY IMPROVEMENT DIST #1	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY MUD #106	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY MUD #11	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY MUD #130	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY MUD #144	A0245	Х						X	X	X		X
HARRIS COUNTY MUD #151 HARRIS COUNTY MUD #152	A0245 A0245	X						X	X	X		X
HARRIS COUNTY MUD #152 HARRIS COUNTY MUD #153	A0245 A0245	X						X	X	X		X
HARRIS COUNTY MUD #153 HARRIS COUNTY MUD #154	A0245 A0245	X X						X X	X X	X X	1	X
HARRIS COUNTY MIDD #154	A0245 A0245	X						X	X	X		X
HARRIS COUNTY MIDD #130	A0245	X						X	X	X		X
HARRIS COUNTY MUD #163	A0245	X						X	X	X	 	X
HARRIS COUNTY MUD #166	A0245	X						X	X	X		X
HARRIS COUNTY MUD #173	A0245	X						X	X	X		X
HARRIS COUNTY MUD #189	A0245	X						X	X	X		X
HARRIS COUNTY MUD #215	A0245	Х						X	X	X		X
HARRIS COUNTY MUD #222	A0245	Х						X	X	X		Х
HARRIS COUNTY MUD #26	A0245	Х						X	X	X		Х

Work	cers' Com	pensa	ation	Pay	er Li	st						
Texas Municipal League (TML)	Payer ID	TX	MN	CA	NY	WI	All	Professional	Institutional	Workers'	Auto	ERA
Texas Municipal League (TML)	rayei iD	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
HARRIS COUNTY MUD #264	A0245	Х						Х	Х	Х		х
HARRIS COUNTY MUD #316	A0245	Х						х	Х	Х		Х
HARRIS COUNTY MUD #321	A0245	Х						x	х	Х		х
HARRIS COUNTY MUD #322	A0245	Х						x	х	Х		х
HARRIS COUNTY MUD #354	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY MUD #355	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY MUD #358	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY MUD #367	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY MUD #372	A0245	Х						X	Х	Х		Х
HARRIS COUNTY MUD #391	A0245	Х						X	Х	Х		Х
HARRIS COUNTY MUD #396	A0245	Х						X	Х	Х		Х
HARRIS COUNTY MUD #44	A0245	Х						х	х	Х		Х
HARRIS COUNTY MUD #46	A0245	Х						х	х	Х		Х
HARRIS COUNTY MUD #48	A0245	Х						х	Х	Х		Х
HARRIS COUNTY MUD #64	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY MUNICIPAL MGMT DIST #1	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY RFPD #46	A0245	Х						Х	х	Х		Х
HARRIS COUNTY ROAD IMPROVEMENT DIST #1	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY UTILITY DISTRICT #15	A0245	Х						Х	х	Х		Х
HARRIS COUNTY WCID #145	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY WCID #155	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY WCID #156	A0245	Х						Х	х	Х		Х
HARRIS COUNTY WCID #36	A0245	Х						Х	Х	Х		Х
HARRIS COUNTY WCID #50	A0245	Х						Х	Х	Х	<u> </u>	Х
HARRIS COUNTY WCID #92	A0245	Х						X	X	X		Х
HARRISON CENTRAL APPRAISAL DISTRICT	A0245	Х						X	X	X		Х
HARRISON COUNTY SWCD HART	A0245 A0245	X						X	X	X		X X
HARTLEY CAD	A0245 A0245	X						X	X	X	}	1
HASKELL	A0245 A0245	X						X X	X X	X	}	X X
HASKELL CAD	A0245 A0245	X						X	X	X X	1	X
HASKELL HOUSING AUTHORITY	A0245	X						X	X	X		X
HASLET	A0245	X						X	X	X		X
HAWK COVE	A0245	X						X	X	X		X
HAWKINS	A0245	X						X	X	X		X
HAWLEY	A0245	X			-	-		X	X	X		X
HAYS	A0245	X						X	X	X		X
HAYS CENTRAL APPRAISAL DISTRICT	A0245	X						X	X	X		X
HAYS COUNTY ESD #5	A0245	X						X	X	X		X
HAYS COUNTY ESD #6	A0245	Х						X	X	X		X
HAYS COUNTY ESD #8	A0245	X						X	X	×		X
HAYS COUNTY MUD #5	A0245	X						X	X	X		X
HAYS COUNTY SWCD #351	A0245	X						X	X	X		X
HAYS TRINITY GCD	A0245	X						X	X	X		X

Work	cers' Com	pensa	ation	Pay	er Li	st						
Texas Municipal League (TML)	Payer ID	TX	MN	CA	NY	WI	All	Professional	Institutional	Workers'	Auto	ERA
Texas Mullicipal League (TML)	rayei ib	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
HEADWATERS GCD	A0245	х						x	х	х		Х
HEARNE	A0245	Х						Х	Х	Х		Х
HEARNE HOUSING AUTHORITY	A0245	х						x	х	х		Х
HEART OF TEXAS COG	A0245	Х						Х	Х	Х		Х
HEART OF TEXAS REGION MHMR CENTER	A0245	Х						Х	Х	Х		Х
HEATH	A0245	Х						Х	Х	Х		Х
HEDLEY	A0245	Х						X	х	Х		Х
HEDWIG VILLAGE	A0245	Х						Х	Х	Х		Х
HELOTES	A0245	Х						Х	Х	Х		Х
HEMPHILL	A0245	Х						Х	Х	Х		Х
HEMPHILL HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
HEMPSTEAD	A0245	Х						Х	Х	Х		Х
HENDERSON	A0245	х						х	х	х		х
HENDERSON COUNTY ESD #1	A0245	х						x	х	х		Х
HENDERSON COUNTY HOSPITAL AUTHORITY	A0245	Х						х	Х	Х		Х
HENDERSON HOUSING AUTHORITY	A0245	х						x	х	х		Х
HENRIETTA	A0245	Х						x	Х	X		Х
HENRIETTA HOUSING AUTHORITY	A0245	Х						x	Х	X		Х
HEREFORD	A0245	Х						x	Х	X		Х
HEWITT	A0245	Х						x	Х	X		Х
HICKORY CREEK SUD	A0245	Х						x	Х	Х		Х
HICKORY CREEK TOWN OF	A0245	Х						х	Х	Х		Х
HICKORY UWCD #1	A0245	х						x	х	х		Х
HICO	A0245	х						x	х	х		Х
HICO HOUSING AUTHORITY	A0245	х						x	х	х		Х
HIDALGO	A0245	х						x	х	х		Х
HIDALGO CAD	A0245	х						x	х	х		Х
HIDALGO COUNTY DRAINAGE DISTRICT #1	A0245	Х						Х	Х	Х		Х
HIDALGO COUNTY HOUSING AUTHORITY/WESLACO	A0245	Х						Х	Х	Х		Х
HIDALGO COUNTY IRRIGATION DISTRICT #6	A0245	Х						Х	Х	Х		Х
HIDALGO COUNTY WCID #19	A0245	Х						Х	Х	Х		Х
HIDALGO HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
HIGGINS	A0245	Х						Х	Х	Х		Х
HIGGINS/LIPSCOMB HOSPITAL DISTRICT	A0245	Х						Х	Х	Х		Х
HIGHLAND HAVEN	A0245	Х						Х	Х	Х		Х
HIGHLAND PARK TOWN OF	A0245	Х						Х	Х	Х		Х
HIGHLAND SWCD #210	A0245	х						х	х	х		Х
HIGHLANDS AT MAYFIELD RANCH MUD	A0245	х						х	х	х		Х
HILL CAD	A0245	х						х	х	х		Х
HILL COUNTRY TRANSIT DISTRICT	A0245	Х						Х	х	Х		Х
HILL COUNTRY UWCD	A0245	Х						Х	х	Х		Х
HILL COUNTRY VILLAGE	A0245	Х						Х	х	Х		Х
HILL COUNTY BLACKLAND SWCD	A0245	Х						Х	х	Х		Х
HILL COUNTY ESD #1	A0245	Х						Х	Х	х		Х

Wor	kers' Com	pensa	ation	Pay	er Li	st						
Texas Municipal League (TML)	Payer ID	TX	MN	CA	NY	WI	All	Professional	Institutional	Workers'	Auto	ERA
Texas Wurlicipal League (TML)	Payel ID	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
HILLCREST VILLAGE	A0245	Х						Х	Х	Х		Х
HILLSBORO	A0245	Х						Х	Х	Х		Х
HILSHIRE VILLAGE	A0245	Х						Х	Х	Х		Х
HITCHCOCK	A0245	Х						Х	Х	Х		Х
HOLIDAY LAKES TOWN OF	A0245	Х						Х	Х	Х		Х
HOLLAND	A0245	Х						Х	Х	Х		Х
HOLLIDAY	A0245	х						Х	Х	Х		Х
HOLLYWOOD PARK	A0245	Х						Х	Х	Х		Х
HONDO	A0245	Х						Х	Х	Х		Х
HONEY GROVE	A0245	Х						Х	Х	Х		Х
HOOD CAD	A0245	Х						Х	Х	Х		Х
HOOKS	A0245	Х						Х	Х	Х		Х
HOPKINS CAD	A0245	Х						Х	Х	Х		Х
HOPKINS COUNTY SWCD	A0245	Х						Х	Х	Х		Х
HORIZON CITY	A0245	Х						Х	Х	Х		Х
HORSESHOE BAY	A0245	Х						Х	Х	Х		Х
HOUSTON CAD	A0245	Х						Х	Х	Х		Х
HOUSTON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
HOUSTON/GALVESTON AREA COG	A0245	Х						Х	Х	Х		Х
HOWARD CAD	A0245	Х						Х	Х	Х		Х
HOWARD COUNTY 911	A0245	Х						Х	Х	Х		Х
HOWARD SWCD #243	A0245	Х						Х	Х	Х		Х
HOWARDWICK	A0245	Х						Х	Х	Х		Х
HOWE	A0245	Х						Х	Х	Х		Х
HUBBARD	A0245	Х						Х	Х	Х		Х
HUBBARD HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
HUDSON OAKS	A0245	Х						Х	Х	Х		Х
HUDSPETH COUNTY CONS/RECL DIST #1	A0245	Х						Х	Х	Х		Х
HUDSPETH COUNTY ESD #1	A0245	Х						Х	Х	Х		Х
HUDSPETH COUNTY UWCD #1	A0245	Х						Х	Х	Х		Х
HUDSPETH COUNTY WCID #1	A0245	Х						Х	Х	Х		Х
HUGHES SPRINGS	A0245	Х						X	Х	X		Х
HUGHES SPRINGS HOUSING AUTHORITY	A0245	Х						X	X	X		Х
HULL FWSD HULL-DAISETTA ESD #2	A0245 A0245	X						X	X	X		X
HUMBLE	A0245 A0245	X						X	X	X		X
HUNT CAD	A0245 A0245	X						X	X	X		X
HUNTERS CREEK VILLAGE	A0245 A0245	X						X	X	X		X
HUNTINGTON HOUSING AUTHORITY	A0245 A0245	X	-		-			X	X	X		X
HUNTSVILLE	A0245 A0245	X	-		-			X	X	X		X
HUNTSVILLE HOUSING AUTHORITY	A0245 A0245	X	-		-			X	X	X		X
HURST	A0245 A0245	X	1	-	1	-	}	X X	X X	X X		X X
HUTCHINS	A0245 A0245	X						X	X			X
HUTCHINSON CAD	A0245 A0245	_	1	-	1	-	}			X		X
TO I CHINSON CAD	AU245	Х						Х	X	Х		Х

Work	ers' Com	pensa	ation	Pay	er Li	st						
Tayon Municipal Langua (TML)	Payer ID	TX	MN	CA	NY	WI	All	Professional	Institutional	Workers'	Auto	ERA
Texas Municipal League (TML)	rayei iD	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
НИТТО	A0245	Х						x	Х	Х		Х
HUXLEY	A0245	Х						х	Х	Х		Х
IDALOU	A0245	Х						x	Х	Х		Х
IDLEWOOD WCID #1	A0245	Х						x	Х	Х		Х
INDIAN LAKE	A0245	Х						x	Х	Х		Х
INDUSTRY	A0245	Х						х	х	Х		Х
INGLESIDE	A0245	Х						х	х	Х		Х
INGLESIDE HOUSING AUTHORITY	A0245	Х						х	Х	Х		Х
INGLESIDE ON THE BAY	A0245	Х						х	Х	Х		Х
INGRAM	A0245	Х						х	х	Х		Х
INVERNESS FOREST ID	A0245	Х						х	х	Х		х
IOLA	A0245	Х						х	х	Х		х
IOWA COLONY VILLAGE OF	A0245	Х						х	Х	Х		Х
IOWA PARK	A0245	Х						х	Х	Х		Х
IRAAN	A0245	Х						Х	Х	Х		Х
IREDELL	A0245	Х						х	Х	Х		Х
IRION CAD	A0245	Х						х	Х	Х		Х
IRION COUNTY WATER CONSERVATION DISTRICT	A0245	Х						х	Х	Х		Х
ISAACSON MUD	A0245	Х						х	Х	Х		Х
ITALY	A0245	Х						х	Х	Х		Х
ITASCA	A0245	Х						Х	Х	Х		Х
JACINTO CITY	A0245	Х						х	Х	Х		Х
JACK CAD	A0245	Х						х	Х	Х		Х
JACK COUNTY HOSPITAL DISTRICT	A0245	Х						х	Х	Х		Х
JACKSBORO	A0245	Х						х	Х	Х		Х
JACKSON CAD	A0245	Х						х	Х	Х		Х
JACKSON COUNTY ESD #1	A0245	Х						х	Х	Х		Х
JACKSON COUNTY HOSPITAL DISTRICT	A0245	Х						Х	Х	Х		Х
JACKSON COUNTY WCID #2	A0245	Х						х	х	Х		х
JACKSONVILLE	A0245	Х						х	х	Х		Х
JACKSONVILLE HOUSING AUTHORITY	A0245	Х						х	х	Х		Х
JAMAICA BEACH	A0245	Х						х	Х	Х		Х
JARRELL	A0245	Х						х	Х	Х		Х
JAYTON	A0245	Х						х	Х	Х		Х
JEFFERSON	A0245	Х						Х	Х	Х		Х
JEFFERSON COUNTY DRAINAGE DISTRICT #6	A0245	Х						х	Х	Х		Х
JEFFERSON HOUSING AUTHORITY	A0245	х						х	х	х		Х
JERSEY VILLAGE	A0245	х						х	х	х		Х
JEWETT	A0245	х						х	х	х		Х
JIM HOGG COUNTY HOUSING AUTHORITY	A0245	х						х	х	х		Х
JIM HOGG COUNTY WCID #2	A0245	х						х	х	х		Х
JIM WELLS COUNTY FWSD #1	A0245	х						х	х	х		Х
JOHNSON CITY	A0245	х						х	х	х		Х
JOHNSON CITY HOUSING AUTHORITY	A0245	х						х	х	х		Х

Work	ers' Com	pensa	ation	Pay	er Li	st						
Tayaa Munisinal Laggua (TML)	Payer ID	TX	MN	CA	NY	WI	All	Professional	Institutional	Workers'	Auto	ERA
Texas Municipal League (TML)	rayerib	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
JOHNSON COUNTY CENTRAL APPRAISAL DIST	A0245	Х						Х	Х	Х		Х
JOHNSON COUNTY ESD #1	A0245	Х						Х	Х	Х		Х
JOHNSON COUNTY SUD	A0245	Х						Х	Х	Х		Х
JOHNSON COUNTY SWCD #541	A0245	Х						Х	Х	Х		Х
JONAH WATER SUD	A0245	Х						Х	Х	Х		Х
JONES CAD	A0245	Х						Х	Х	Х		Х
JONES CREEK VILLAGE OF	A0245	Х						Х	Х	Х		Х
JONESTOWN	A0245	Х						Х	Х	Х		Х
JOSEPHINE	A0245	Х						Х	Х	Х		Х
JOSHUA	A0245	Х						Х	Х	Х		Х
JOURDANTON	A0245	Х						Х	Х	Х		Х
JOURDANTON HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
JUNCTION	A0245	Х						Х	х	Х		Х
JUNCTION HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
JUSTIN	A0245	Х						Х	Х	Х		Х
KARNES CITY	A0245	Х						Х	Х	Х		Х
KARNES CITY HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
KATY	A0245	Х						Х	х	Х		Х
KAUFMAN	A0245	Х						Х	х	Х		Х
KAUFMAN AREA RURAL TRANSPORTATION	A0245	Х						Х	х	Х		Х
KAUFMAN CAD	A0245	Х						Х	Х	Х		Х
KAUFMAN-VAN ZANDT ROCKWALL COUNTY SWCD	A0245	Х						Х	Х	Х		Х
KEENE	A0245	Х						Х	х	Х		Х
KELLER	A0245	Х						Х	х	Х		Х
KELLY LANE WCID #1	A0245	Х						Х	Х	Х		Х
KELLY LANE WCID #2	A0245	Х						Х	Х	Х		Х
KEMAH	A0245	Х						Х	Х	Х		Х
KEMP	A0245	Х						Х	Х	Х		Х
KEMP HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
KEMPNER	A0245	х						Х	Х	Х		Х
KENDALL COUNTY WCID #1	A0245	х						Х	Х	Х		Х
KENEDY	A0245	х						Х	Х	Х		Х
KENEDY HOUSING AUTHORITY	A0245	х						Х	Х	Х		Х
KENEFICK	A0245	Х						Х	Х	Х		Х
KENNARD	A0245	Х						Х	Х	Х		Х
KENNEDALE	A0245	х						Х	Х	Х		Х
KERENS	A0245	Х						Х	Х	Х		Х
KERENS HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
KERMIT	A0245	Х						Х	Х	Х		Х
KERR CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		Х
KERR COUNTY SWCD #217	A0245	Х						Х	Х	Х		Х
KERR EMERGENCY 911 NETWORK	A0245	Х						Х	Х	Х		Х
KERRVILLE	A0245	Х						Х	х	Х		Х
KERRVILLE PUBLIC UTILITY BOARD	A0245	Х						Х	х	Х		Х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional				ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
KILGORE	A0245	Х						Х	Х	Х		Х
KILLEEN	A0245	Х						Х	Х	Х		Х
KILLEEN HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
KIMBLE CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		Х
KINGSLAND MUD	A0245	Х						Х	Х	Х		Х
KINGSVILLE	A0245	Х						Х	Х	Х		Х
KINGSVILLE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
KINNEY CAD	A0245	Х						Х	х	Х		Х
KINNEY COUNTY GCD	A0245	Х						Х	Х	Х		Х
KIRBY	A0245	Х						Х	Х	Х		Х
KIRBYVILLE	A0245	Х						Х	Х	Х		Х
KIRBYVILLE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
KLEBERG CAD	A0245	Х						х	х	Х		Х
KNOLLWOOD	A0245	Х						Х	Х	Х		Х
KNOX CITY	A0245	Х						Х	Х	Х		Х
KNOX CITY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
KOSSE	A0245	Х						Х	Х	Х		Х
KOUNTZE	A0245	Х						Х	Х	Х		Х
KRESS	A0245	Х						Х	Х	Х		Х
KRUGERVILLE	A0245	Х						Х	Х	Х		Х
KRUM	A0245	Х						Х	х	Х		Х
KURTEN	A0245	Х						Х	Х	Х		Х
KYLE	A0245	Х						Х	Х	Х	ļ	Х
KYLE HOUSING AUTHORITY	A0245	Х						Х	Х	Х	ļ	Х
LA COSTE	A0245	Х						Х	Х	Х		Х
LA FERIA	A0245	Х						Х	Х	Х		Х
LA FERIA IRRIGATION DIST #3	A0245	Х						Х	Х	Х		Х
LA GRANGE	A0245	Х						Х	Х	Х	ļ	Х
LA GRANGE HOUSING AUTHORITY	A0245	Х						Х	Х	Х	ļ	Х
LA GRULLA	A0245	Х						х	х	Х	ļ	Х
LA JOYA	A0245	Х						Х	Х	Х	ļ	Х
LA JOYA HOUSING AUTHORITY	A0245	Х						Х	Х	Х	ļ	Х
LA MARQUE	A0245	Х						Х	Х	Х	ļ	Х
LA PORTE	A0245	Х						Х	Х	Х		Х
LA VILLA	A0245	Х						Х	Х	Х	ļ	Х
LACY-LAKEVIEW	A0245	Х						Х	Х	Х		Х
LADONIA	A0245	Х						Х	Х	Х		Х
LAGO VISTA	A0245	Х						Х	Х	Х		Х
LAGUNA MADRE WATER DISTRICT	A0245	Х						Х	Х	Х		Х
LAGUNA VISTA	A0245	Х						Х	Х	Х		Х
LAKE BRIDGEPORT	A0245	Х						Х	Х	Х		Х
LAKE CITIES MUA	A0245	Х						Х	Х	Х		Х
LAKE DALLAS	A0245	Х						Х	х	Х		Х
LAKE JACKSON	A0245	Х						Х	х	Х		х

Work	ers' Com	pensa	ation	Pay	er Li	st						
Texas Municipal League (TML)	Payer ID	TX		CA		WI	All	Professional	Institutional	Workers'	Auto	ERA
Texas municipal League (TML)	Payer ID	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
LAKE MUD	A0245	Х						x	Х	Х		Х
LAKE TANGLEWOOD	A0245	Х						х	Х	Х		Х
LAKE TRAVIS COMM LIBRARY DIST	A0245	Х						x	Х	Х		Х
LAKE WORTH	A0245	Х						x	Х	Х		Х
LAKEPORT	A0245	Х						x	Х	Х		Х
LAKESIDE (TARRANT CO)	A0245	Х						x	Х	Х		Х
LAKESIDE CITY	A0245	Х						x	Х	Х		Х
LAKEVIEW	A0245	Х						x	Х	Х		Х
LAKEVIEW POLICE DEPARTMENT	A0245	Х						х	Х	Х		Х
LAKEWAY	A0245	Х						x	Х	Х		Х
LAKEWAY MUD	A0245	Х						x	Х	Х		Х
LAKEWOOD VILLAGE	A0245	Х						Х	Х	Х		Х
LAMAR CAD	A0245	Х						Х	х	Х		Х
LAMAR SWCD	A0245	Х						x	Х	Х		Х
LAMESA	A0245	Х						х	Х	Х		Х
LAMPASAS	A0245	Х						x	х	Х		Х
LAMPASAS CAD	A0245	Х						x	Х	Х		Х
LANCASTER	A0245	Х						x	Х	Х		Х
LAREDO	A0245	Х						x	Х	Х		Х
LAREDO HOUSING AUTHORITY	A0245	Х						x	Х	Х		Х
LAREDO TRANSIT	A0245	Х						x	Х	Х		Х
LATEXO	A0245	Х						х	Х	Х		Х
LAVACA COUNTY CENTRAL APPRAISAL DISTRICT	A0245	Х						x	х	Х		Х
LAVACA-NAVIDAD RIVER AUTHORITY	A0245	Х						x	х	Х		Х
LAVON	A0245	Х						х	х	Х		Х
LAZY RIVER IMPROVEMENT DISTRICT	A0245	Х						Х	Х	Х		Х
LEAGUE CITY	A0245	Х						x	х	Х		Х
LEAKEY	A0245	Х						Х	Х	Х		Х
LEANDER	A0245	Х						Х	Х	Х		Х
LEE CAD	A0245	Х						Х	Х	Х		Х
LEFORS	A0245	Х						Х	Х	Х		Х
LEON CAD	A0245	Х						Х	Х	Х		Х
LEON VALLEY	A0245	Х						Х	Х	Х		Х
LEONA	A0245	Х						Х	Х	Х		Х
LEONARD	A0245	Х						Х	Х	Х		Х
LEONARD HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
LEVELLAND	A0245	Х						х	х	х		Х
LEVELLAND HOUSING AUTHORITY	A0245	Х						х	х	х		Х
LEXINGTON	A0245	Х						х	х	Х		Х
LIBERTY	A0245	Х						х	х	Х		Х
LIBERTY COUNTY DD #2	A0245	Х						Х	х	Х		Х
LIBERTY COUNTY DD #4	A0245	Х						х	х	Х		Х
LIBERTY COUNTY ESD #3	A0245	Х						Х	х	Х		Х
LIBERTY COUNTY WCID #5	A0245	Х						х	х	Х	1	Х

Worke	ers' Com	pensa	ation	Pay	er Li	st						
Texas Municipal League (TML)	Paver ID	TX	MN	CA	NY	WI	All	Professional	Institutional	Workers'	Auto	ERA
rexas municipal League (TML)	rayerib	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
LIBERTY HILL	A0245	Х						Х	x	Х		Х
LIBERTY HILL PUBLIC LIBRARY DISTRICT	A0245	Х						Х	Х	Х		Х
LIMESTONE CAD	A0245	Х						Х	Х	Х		Х
LIMESTONE COUNTY SENIOR SERVICES PROJECT	A0245	Х						Х	Х	Х		Х
LIMESTONE-FALLS SWCD	A0245	Х						Х	х	Х		Х
LINDALE	A0245	Х						Х	Х	Х		Х
LINDEN	A0245	Х						Х	Х	Х		Х
LINDEN HOUSING AUTHORITY	A0245	Х						Х	X	X		Х
LINDSAY	A0245	Х						Х	Х	Х		Х
LIPAN	A0245	Х						Х	Х	Х		Х
LIPAN-KICKAPOO WCD	A0245	Х						Х	Х	Х		Х
LIPSCOMB CO CENTRAL APPRAISAL DIST	A0245	Х						Х	Х	Х		Х
LITTLE ELM	A0245	Х						Х	Х	Х		Х
LITTLE RIVER ACADEMY	A0245	Х						Х	Х	Х		Х
LITTLE RIVER-SAN GABRIEL SWCD #508	A0245	Х						Х	Х	Х		Х
LITTLEFIELD	A0245	Х						Х	Х	Х		Х
LIVE OAK	A0245	Х						Х	Х	Х		Х
LIVERPOOL	A0245	Х						Х	Х	Х		Х
LIVINGSTON	A0245	Х						Х	Х	Х		Х
LIVINGSTON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
LLANO	A0245	Х						Х	Х	Х		Х
LLANO CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		Х
LLANO COUNTY MUD #1	A0245	Х						Х	Х	Х		Х
LLANO COUNTY SWCD #233	A0245	Х						Х	Х	Х		Х
LLANO ESTACADO UWCD	A0245	Х						Х	Х	Х		Х
LLANO HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
LOCKHART	A0245	Х						Х	Х	Х		Х
LOCKHART HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
LOCKNEY	A0245	Х						Х	Х	Х		Х
LOCKNEY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
LOG CABIN	A0245	Х						Х	Х	X		Х
LOMETA	A0245	Х						Х	Х	Х		Х
LOMETA HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
LONE OAK	A0245	Х						Х	Х	Х		Х
LONE STAR	A0245	Х						Х	Х	Х		Х
LONE WOLF GCD	A0245	Х						Х	Х	Х		Х
LONGVIEW	A0245	Х						Х	Х	Х		Х
LORAINE	A0245	Х						Х	Х	Х		Х
LORAINE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
LORENA	A0245	Х						Х	Х	Х		Х
LORENZO	A0245	Х						Х	Х	Х		Х
LOS FRESNOS	A0245	Х						Х	Х	Х		Х
LOS FRESNOS HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
LOS INDIOS	A0245	Х						Х	X	X		Х

Texas Municipal League (TML) LOST CREEK MUD LOTT	A0245 A0245 A0245 A0245	TX Only x			NY		All	Professional	Institutional	Workers'	Auto	ERA
LOST CREEK MUD	A0245 A0245		Only	Only	Owler							
	A0245	Х		· · · · · ·	Uniy	Only	States	Claims	Claims	Comp Only	Only	
LOTT	_							Х	Х	Х		Х
	1 10215	Х						Х	Х	Х		Х
LOTT HOUSING AUTHORITY		Х						Х	Х	Х		Х
LOUETTA NORTH PUD	A0245	Х						Х	Х	Х		Х
LOWER OF FAR FORKERPAZOS ON/OR #554	A0245	Х						X	Х	X		Х
LOWER CLEAR FORK/BRAZOS SWCD #551	A0245	Х						X	Х	X		Х
LOWER RIO GRANDE VALLEY DEV COUNCIL LOWER TRINITY GCD	A0245 A0245	X						X X	X X	X X		X X
LOWER TRINITY GCD LOWER VALLEY WATER DISTRICT	A0245 A0245	X						X	X	X		X
LOWRY CROSSING	A0245	X						X	X	X		X
LUBBOCK CENTRAL APPRAISAL DISTRICT	A0245	X						×	X	×		X
LUBBOCK COUNTY WCID #1	A0245	Х						X	X	×		X
LUBBOCK EMERGENCY COMMUNICATION DISTRICT	A0245	Х						X	x	X		Х
LUBBOCK HOUSING AUTHORITY	A0245	X						X	X	X		Х
LUBBOCK-CITIBUS	A0245	Х						х	x	X		х
LUBBOCK/REESE REDEVELOPMENT AUTHORITY	A0245	х						х	х	х		х
LUCAS	A0245	х						х	х	х		х
LUCE BAYOU PUD	A0245	х						х	х	х		Х
LUEDERS	A0245	х						Х	х	х		х
LUELLA SUD	A0245	Х						Х	х	Х		Х
LULING	A0245	Х						Х	х	Х		Х
LULING HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
LUMBERTON	A0245	Х						Х	Х	Х		х
LUMBERTON MUD	A0245	Х						Х	x	Х		х
LYFORD	A0245	Х						Х	х	Х		Х
LYNN CAD	A0245	Х						Х	Х	Х		х
LYTLE	A0245	Х						Х	Х	Х		Х
MHMR OF TARRANT COUNTY	A0245	Х						Х	Х	Х		Х
MABANK	A0245	Х						Х	Х	Х		Х
MABANK HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
MACBEE SUD	A0245	Х						Х	Х	Х		Х
MACCEDONIA EYLAU MUD	A0245	Х						X	X	X		Х
MACKENZIE MUNICIPAL WATER AUTHORITY	A0245	X						X	X	X		X
MADISON CAD MADISONVILLE	A0245 A0245	X	-					X X	X X	X X	 	X X
MADISONVILLE MADISONVILLE HOUSING AUTHORITY	A0245 A0245	X	-					X X	X	X	-	X
MAGNOLIA	A0245 A0245	X						X	X	X		X
MALAKOFF	A0245	X						X	X	X		X
MALAKOFF HOUSING AUTHORITY	A0245 A0245	X						X	X	X		X
MALAROTE FIGUSING ACTIONITY MALONE	A0245	X						X	X	×		X
MANOR	A0245	X						X	X	X		X
MANSFIELD	A0245	Х						×	X	×		X
MANVEL	A0245	X						×	X	×		X
MARBLE FALLS	A0245	X						×	X	×		X

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional	Institutional	Workers'	Auto	ERA
	.,	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
MARFA	A0245	Х						Х	Х	Х		Х
MARFA HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
MARIETTA	A0245	Х						Х	Х	Х		Х
MARILEE SUD	A0245	Х						Х	Х	Х		Х
MARION	A0245	Х						Х	Х	Х		Х
MARION CASS SWCD	A0245	Х						Х	Х	Х		Х
MARION COUNTY HOSPITAL DISTRICT	A0245	Х						Х	Х	Х		Х
MARKHAM MUD	A0245	Х						Х	х	Х		Х
MARLIN	A0245	Х						Х	Х	Х		Х
MARLIN HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
MARQUEZ	A0245	Х						Х	Х	Х		Х
MARSHALL	A0245	Х						Х	Х	Х		Х
MARSHALL HARRISON COUNTY HEALTH DIST	A0245	Х						Х	х	Х		Х
MARSHALL HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
MART	A0245	Х						Х	Х	Х		Х
MART HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
MARTIN COUNTY FRESH WATER DISTRICT	A0245	Х						Х	Х	Х		Х
MARTINDALE	A0245	Х						Х	Х	Х		Х
MASON	A0245	Х						Х	Х	Х		Х
MASON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
MASON SWCD #223	A0245	Х						х	Х	Х		Х
MATADOR	A0245	Х						Х	х	Х		Х
MATADOR HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
MATADOR WATER DISTRICT	A0245	Х						Х	х	Х		Х
MATAGORDA COUNTY WCID #6	A0245	Х						Х	х	Х		Х
MATHIS	A0245	Х						Х	х	Х		Х
MATHIS HOUSING AUTHORITY MAUD	A0245 A0245	Х						X	X	X		Х
··············		Х						X	X	X		Х
MAUD HOUSING AUTHORITY MAVERICK CAD	A0245 A0245	Х						X	X	X		Х
MAVERICK COUNTY HOSPITAL DIST		X						X	X	X		X
MAVERICK COUNTY HOSPITAL DIST MAVERICK COUNTY WCID #1	A0245 A0245	X						X	X	X		X
MAVERICK SWCD #228	A0245 A0245	X						X	X	X		X
MAYPEARL	A0245 A0245	X						X	X	X		X X
MCALLEN HOUSING AUTHORITY	A0245 A0245	X X						X X	X X	X X		X
MCCAMEY	A0245							X	1			X
MCCULLOCH CAD	A0245 A0245	X X		-	\vdash			X	X X	X X		X
MCCULLOCH SWCD #249	A0245 A0245	X						X	X	X		X
MCGREGOR	A0245 A0245	X						X	X	X		X
MCGREGOR HOUSING AUTHORITY	A0245 A0245	X						X	X	X		X
MCKINNEY	A0245 A0245	X						X	X	X		X
MCKINNEY HOUSING AUTHORITY	A0245 A0245	X						X	X			X
MCLEAN	A0245 A0245							X	X	X		X
	A0245 A0245	X		-	\vdash					X		
MCLEAN HOUSING AUTHORITY	AU245	Х						Х	Х	Х		Х

Worl	kers' Com	pensa	ation	Pay	er Li	st						
Texas Municipal League (TML)	Payer ID	TX	MN	CA	NY	WI	All	Professional	Institutional	Workers'	Auto	ERA
Texas Municipal League (TML)	rayerib	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
MCLENDON-CHISHOLM	A0245	Х						Х	Х	X		Х
MCLENNAN CAD	A0245	Х						Х	Х	Х		Х
MCLENNAN COUNTY WCID #2	A0245	Х						Х	Х	X		Х
MEADOW	A0245	Х						Х	Х	X		Х
MEADOWLAKES	A0245	Х						Х	Х	X		Х
MEADOWS PLACE	A0245	Х						Х	Х	X		Х
MEDINA CAD	A0245	Х						Х	Х	X		Х
MEDINA COUNTY 911	A0245	Х						Х	Х	х		Х
MEDINA COUNTY WCID #2	A0245	Х						Х	Х	Х		Х
MEDINA VALLEY SWCD	A0245	Х						Х	Х	X		Х
MEGARGEL	A0245	Х						Х	х	х		Х
MELISSA	A0245	Х						Х	Х	Х		Х
MELVIN	A0245	Х						Х	Х	Х		Х
MEMORIAL POINT UD	A0245	Х						Х	х	х		Х
MEMORIAL VILLAGES POLICE DEPT	A0245	Х						Х	Х	Х		Х
MEMORIAL VILLAGES WATER AUTHORITY	A0245	Х						Х	Х	X		Х
MEMPHIS	A0245	Х						Х	х	х		Х
MEMPHIS HOUSING AUTHORITY	A0245	Х						Х	х	х		Х
MENARD	A0245	Х						Х	х	х		Х
MENARD COUNTY SWCD #215	A0245	Х						Х	х	х		Х
MERCEDES HOUSING AUTHORITY	A0245	Х						Х	Х	х		Х
MERIDIAN	A0245	Х						Х	Х	Х		Х
MERIDIAN HOUSING AUTHORITY	A0245	Х						Х	х	х		Х
MERKEL	A0245	Х						Х	х	х		Х
MERKEL HOUSING AUTHORITY	A0245	Х						Х	Х	X		Х
MERTENS	A0245	Х						Х	Х	X		Х
MERTZON	A0245	Х						Х	Х	X		Х
MESA UWCD	A0245	Х						Х	Х	Х		Х
MESQUITE	A0245	Х						Х	Х	X		Х
MESQUITE GROUNDWATER CONS DISTRICT	A0245	х						Х	Х	х		Х
MEXIA	A0245	х						Х	Х	х		Х
MEXIA HOUSING AUTHORITY	A0245	х						Х	х	х		Х
MIAMI	A0245	Х						Х	Х	Х		Х
MIDDLE CONCHO SWCD	A0245	х						Х	Х	х		Х
MIDDLE RIO GRANDE COG	A0245	Х						Х	Х	Х		Х
MIDDLE TRINITY GCD	A0245	Х						Х	Х	Х		Х
MIDLAND CENTRAL APPRAISAL DISTRICT	A0245	х						Х	х	Х		Х
MIDLAND COUNTY HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
MIDLAND EMERGENCY COMM DIST	A0245	Х						Х	Х	Х		Х
MIDLAND HOUSING AUTHORITY	A0245	х						Х	Х	Х		Х
MIDLAND SWCD	A0245	Х						Х	Х	Х		Х
MIDLOTHIAN	A0245	х						Х	Х	Х		Х
MIDLOTHIAN/WAXAHACHIE AIRPORT	A0245	х						Х	Х	Х		Х
MIDWAY	A0245	Х						Х	х	х		Х

	Workers' Com	pensa	ation	Pay	er Li	st						
Tayon Municipal Lagray (TML)	Payer ID	TX	MN	CA	NY	WI	All	Professional	Institutional	Workers'	Auto	ERA
Texas Municipal League (TML)	rayei iD	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
MILAM CAD	A0245	Х						x	Х	Х		х
MILDRED	A0245	Х						х	Х	Х		Х
MILFORD	A0245	Х						x	Х	Х		х
MILLS CAD	A0245	Х						x	Х	Х		х
MILLSAP	A0245	Х						х	х	Х		х
MINEOLA	A0245	Х						х	Х	Х		Х
MINEOLA HOUSING AUTHORITY	A0245	Х						х	х	Х		Х
MINERAL WELLS	A0245	Х						х	Х	х		Х
MINERAL WELLS HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
MINGUS	A0245	Х						х	Х	Х		Х
MISSION	A0245	Х						х	Х	Х		Х
MISSION HOUSING AUTHORITY	A0245	Х						х	х	х		Х
MISSOURI CITY	A0245	х						х	х	Х		х
MITCHELL COUNTY SWCD	A0245	Х						х	х	Х		х
MOBEETIE	A0245	х						х	х	Х		х
MONAHANS	A0245	Х						х	х	Х		х
MONAHANS HOUSING AUTHORITY	A0245	Х						х	х	Х		х
MONT BELVIEU	A0245	Х						х	х	Х		х
MONTAGUE COUNTY TAX APPRAISAL DIST	A0245	х						х	х	х		х
MONTGOMERY	A0245	х						х	Х	Х		х
MONTGOMERY COUNTY ECD	A0245	х						х	х	Х		х
MONTGOMERY COUNTY ESD #1	A0245	х						х	х	Х	1	х
MONTGOMERY COUNTY ESD #10	A0245	х						х	х	Х		х
MONTGOMERY COUNTY ESD #11	A0245	X						х	Х	X	1	X
MONTGOMERY COUNTY ESD #12	A0245	Х						х	х	X	1	Х
MONTGOMERY COUNTY ESD #14	A0245	Х						х	х	X	1	Х
MONTGOMERY COUNTY ESD #2	A0245	Х						х	х	X	1	Х
MONTGOMERY COUNTY ESD #3	A0245	Х						х	Х	X	1	х
MONTGOMERY COUNTY ESD #4	A0245	х						х	х	Х		х
MONTGOMERY COUNTY ESD #6	A0245	Х						х	х	х		Х
MONTGOMERY COUNTY ESD #7	A0245	X						х	Х	X	1	X
MONTGOMERY COUNTY ESD #8	A0245	X						Х	Х	X	1	X
MONTGOMERY COUNTY ESD #9	A0245	Х						X	х	X		Х
MONTGOMERY COUNTY HOUSING AUTHORITY	A0245	Х						X	х	X		Х
MONTGOMERY COUNTY WCID #1	A0245	Х						X	X	X		Х
MOODY	A0245	Х						X	х	X		Х
MOODY HOUSING AUTHORITY	A0245	X						X	X	X		X
MORAN	A0245	X						X	X	X		X
MORGAN	A0245	X						X	X	X		X
MORGAN'S POINT	A0245	X						X	X	X		X
MORGAN'S POINT RESORT	A0245 A0245	X				 		X	X	X		X
MORRIS CAD	A0245 A0245	X				 		X	X	X		X
MORTON	A0245 A0245	X						X	X	X		X
MOTLEY CAD	A0245 A0245					-			X		-	X
INICILET CAD	AU245	Х						X	Х	X	1	Х

Worke	ers' Com	pensa				st						
Texas Municipal League (TML)	Paver ID	TX		CA		WI	All	Professional		Workers'		ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
MOTLEY COUNTY HOSPITAL DISTRICT	A0245	Х						Х	Х	Х		Х
MOULTON	A0245	Х						Х	Х	Х		Х
MOUNT CALM	A0245	Х						Х	Х	Х		Х
MOUNT ENTERPRISE	A0245	Х						Х	Х	Х		Х
MOUNT PLEASANT	A0245	Х						Х	Х	Х		Х
MOUNT PLEASANT HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
MOUNT VERNON MOUNT VERNON HOUSING AUTHORITY	A0245 A0245	Х						X	X	X		X
MOUNTAIN CITY	A0245 A0245	X						X	X	X		X
MOUNTAIN CITY MOUNTAIN PEAK SUD	A0245 A0245	X						X X	X X	X X		X
MUENSTER	A0245 A0245	X						X	X	X		X
MULESHOE	A0245 A0245	X						X	X	X		X
MULESHOE HOUSING AUTHORITY	A0245 A0245	X						X	X	X		X
MUNDAY	A0245 A0245	X						X	X	X		X
MUNDAY HOUSING AUTHORITY	A0245	X						×	X	×		X
MURCHISON	A0245	Х						X	X	X		X
MURPHY	A0245	Х						X	x	X		X
MUSTANG RIDGE	A0245	Х						X	X	X		X
NACOGDOCHES HOUSING AUTHORITY	A0245	Х						X	x	X		x
NAPLES	A0245	х						х	х	Х		х
NAPLES HOUSING AUTHORITY	A0245	х						х	х	Х		х
NASH	A0245	х						х	х	х		х
NASSAU BAY	A0245	Х						Х	х	Х		Х
NATALIA	A0245	Х						Х	х	х		Х
NAVARRO CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		Х
NAVARRO SWCD	A0245	Х						Х	х	Х		Х
NAVASOTA	A0245	Х						Х	Х	Х		Х
NAVASOTA HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
NAZARETH	A0245	Х						Х	х	Х		Х
NECHES/TRINITY VALLEY GCD	A0245	Х						Х	Х	Х		Х
NEDERLAND	A0245	Х						Х	Х	Х		Х
NEEDVILLE	A0245	Х						Х	Х	X		Х
NEVADA	A0245	Х						Х	Х	X		Х
NEW BERLIN	A0245	Х						Х	Х	X		Х
NEW BOSTON	A0245	Х						Х	Х	Х		Х
NEW BOSTON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
NEW BRAUNFELS	A0245	Х						Х	Х	Х		Х
NEW BRAUNFELS HOUSING AUTHORITY	A0245	Х						X	Х	Х		X
NEW BRAUNFELS UTILITIES	A0245	X						X	X	X		X
NEW FAIRVIEW	A0245 A0245	X						X	X	X		X
NEW HOME	A0245 A0245	X X						X	X	X		X X
NEW HOPE SUD	A0245 A0245	1						X	X	X X		X
NEW LONDON	A0245 A0245	X						X	X			
INEW LUNDON	AU245	Х						Х	X	X		Х

Work	cers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional				ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
NEW SUMMERFIELD	A0245	Х						Х	Х	Х		Х
NEW WAVERLY	A0245	Х						Х	Х	Х		Х
NEWARK	A0245	Х						Х	Х	Х		Х
NEWCASTLE	A0245	Х						Х	х	Х		Х
NEWCASTLE HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
NEWTON CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		Х
NEWTON COUNTY ESD #5 NIEDERWALD	A0245 A0245	X						X	X	X		X X
NIXON	A0245 A0245	X						X X	X X	X		X
NIXON HOUSING AUTHORITY	A0245 A0245	X						X	X	X X		X
NOCONA	A0245 A0245	X						X	X	X		X
NOLANVILLE	A0245 A0245	X						X	X	X		X
NOME	A0245	X						X	X	X		X
NOONDAY	A0245	X						X	X	X		X
NORDHEIM	A0245	X						×	X	×		X
NORMANGEE	A0245	Х						X	X	X		X
NORTEX REGIONAL PLANNING COMMISSION	A0245	X						X	X	X		Х
NORTH CENTRAL TEXAS COG	A0245	X						X	X	X		Х
NORTH CENTRAL TEXAS MWA	A0245	х						X	х	X		Х
NORTH CHANNEL WATER AUTHORITY	A0245	х						Х	х	Х		Х
NORTH CONCHO RIVER SWCD	A0245	х						х	х	х		Х
NORTH GREEN MUD	A0245	х						х	х	х		Х
NORTH HARRIS CO REG WATER AUTH	A0245	Х						Х	Х	Х		Х
NORTH TEXAS TOLLWAY AUTHORITY	A0245	Х						Х	Х	Х		Х
NORTH ZULCH MUD	A0245	Х						Х	Х	Х		Х
NORTHAMPTON MUD	A0245	Х						Х	х	Х		Х
NORTHEAST GAINES COUNTY ESD #1	A0245	Х						Х	х	Х		Х
NORTHEAST TEXAS PUBLIC HEALTH DISTRICT	A0245	Х						Х	Х	Х		Х
NORTHLAKE	A0245	Х						Х	х	Х		Х
NORTHTOWN MUD	A0245	Х						Х	Х	Х		Х
NORTHWEST GRAYSON COUNTY WCID #1	A0245	Х						Х	Х	Х		Х
NORTHWEST HARRIS COUNTY MUD #22	A0245	Х						Х	Х	Х		Х
NORTHWEST HARRIS COUNTY MUD #30	A0245	Х						Х	Х	Х	ļ	Х
NORTHWEST HARRIS COUNTY MUD #36	A0245	Х						Х	Х	Х	ļ	Х
NUECES CAD	A0245	Х						Х	Х	Х		Х
NUECES COUNTY DD #2	A0245	Х						Х	х	Х		Х
NUECES COUNTY ESD #1	A0245	Х						Х	х	Х		Х
NUECES COUNTY ESD #4	A0245	X						X	X	X		X
NUECES COUNTY WCID #3	A0245	X						X	X	X		X
NUECES COUNTY WCID #4 NUECES COUNTY WCID #5	A0245 A0245	X						X	X	X		X
O'DONNELL		X	-	-				X	X	X		X
	A0245	X						X	X	X		X
O'DONNELL HOUSING AUTHORITY	A0245	X	-	-				X	X	X	-	X
OST/ALMEDA CORRIDORS REDEVELOPMENT AUTH	A0245	Χ						Х	X	Х		Х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional		Workers'		ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
OAK LEAF	A0245	Х						Х	Х	Х		Х
OAK POINT	A0245	Х						Х	Х	Х		Х
OAK RIDGE (COOKE CO)	A0245	Х						Х	Х	Х		Х
OAK RIDGE (KAUFMAN CO)	A0245	Х						Х	Х	Х		Х
OAK RIDGE NORTH	A0245	Х						Х	Х	Х		Х
OAKWOOD	A0245	Х						Х	Х	Х		Х
ODEM	A0245	Х						Х	Х	Х		Х
ODEM HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ODESSA HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
OGLESBY	A0245	Х						Х	Х	Х		Х
OGLESBY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
OLD RIVER-WINFREE	A0245	Х						Х	Х	Х		Х
OLDHAM CAD	A0245	Х						Х	Х	Х		Х
OLMOS PARK	A0245	Х						Х	Х	Х		Х
OLNEY	A0245	Х						Х	Х	Х		Х
OLNEY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
OLTON	A0245	Х						Х	Х	Х		Х
OLTON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
OMAHA	A0245	Х						Х	Х	Х		Х
OMAHA HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ONALASKA	A0245	Х						Х	Х	Х		Х
OPDYKE WEST	A0245	Х						Х	Х	Х		Х
ORANGE	A0245	Х						Х	Х	Х		Х
ORANGE CAD	A0245	Х						Х	Х	Х		Х
ORANGE CO ESD #2/BRIDGE CITY VFD	A0245	Х						Х	Х	Х		Х
ORANGE COUNTY ESD #1	A0245	Х						Х	Х	Х		Х
ORANGE COUNTY ESD #3	A0245	Х						Х	Х	Х		Х
ORANGE COUNTY ESD #4	A0245	Х						Х	Х	Х		Х
ORANGE COUNTY WCID #1	A0245	Х						Х	Х	Х		Х
ORANGE COUNTY WCID #2	A0245	Х						Х	Х	Х		Х
ORANGE GROVE	A0245	Х						Х	Х	Х		Х
ORANGE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ORCHARD	A0245	Х						Х	Х	Х		Х
ORE CITY	A0245	Х						Х	х	Х		Х
OVERTON	A0245	Х						Х	х	Х		Х
OVERTON HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
OVILLA	A0245	Х						Х	х	Х		Х
OYSTER CREEK	A0245	Х						Х	х	х		Х
PADUCAH	A0245	Х						Х	х	Х		Х
PADUCAH HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
PAINT ROCK	A0245	Х						Х	Х	Х		Х
PALACIOS	A0245	Х						Х	х	Х		Х
PALACIOS HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
PALESTINE	A0245	Х						Х	х	Х		Х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional				ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	. `
PALISADES VILLAGE	A0245	Х						Х	Х	Х		Χ
PALM VALLEY	A0245	Х						Х	Х	Х		Х
PALMER	A0245	Х						Х	х	Х		Х
PALMHURST	A0245	Х						Х	Х	Х		Х
PALMVIEW	A0245	Х						X	X	X		Х
PALO DURO RIVER AUTHORITY PALO PINTO APPRAISAL DISTRICT	A0245	Х						X	X	X		Х
PALO PINTO SWCD #518	A0245 A0245	X						X X	X X	X X		X X
PALOMA LAKE MUD #1	A0245 A0245	X						X	X	X		X
PALOMA LAKE MIDD #1	A0245	X						X	X	X		X
PAMPA	A0245	X						X	X	×		X
PANHANDLE	A0245	Х						X	X	X		X
PANHANDLE REGIONAL PLNG COMM	A0245	X						X	X	×		X
PANOLA CAD	A0245	Х						X	X	X		X
PANOLA COUNTY ESD #1	A0245	X						X	X	X		Х
PANOLA COUNTY FWD #1	A0245	х						х	х	х		Х
PANOLA SWCD #448	A0245	х						Х	х	Х		Х
PANORAMA VILLAGE	A0245	х						х	х	х		Х
PANTEGO	A0245	х						х	х	х		Х
PARADISE	A0245	х						х	х	Х		Х
PARIS	A0245	Х						Х	Х	Х		Х
PARIS HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
PARKER	A0245	Х						Х	х	Х		Х
PARKER CAD	A0245	Х						Х	х	Х		Х
PARKER COUNTY SWCD #558	A0245	Х						Х	х	Х		Х
PARKSIDE AT MAYFIELD RANCH MUD	A0245	Х						Х	Х	Х		Х
PARMER CAD	A0245	Х						Х	х	Х		Х
PASADENA	A0245	Х						Х	Х	Х		Х
PATTISON	A0245	Х						Х	Х	Х		Χ
PATTON VILLAGE	A0245	Х						Х	Х	Х		Х
PAYNE SPRINGS	A0245	Х						Х	Х	Х		Х
PEARLAND	A0245	Х						Х	х	Х		Х
PEARSALL	A0245	Х						Х	х	Х		Х
PEARSALL HOUSING AUTHORITY	A0245	Х						X	X	X		Х
PECAN BAYOU SWCD #553	A0245	X						X	X	X		X
PECAN HILL PECAN VALLEY GCD	A0245	X		-				X	X	X	-	X
	A0245	X		-				X	X X	X	-	X
PECOS PECOS COUNTY WCID #1	A0245 A0245	X			\vdash			X X	X	X X		X
PECOS COUNTY WCID #1 PECOS COUNTY WID #2	A0245 A0245	X		-	\vdash			X	X	X	1	X
PECOS COUNTY WID #3	A0245 A0245	X		-	\vdash			X	X	X	1	X
PECOS HOUSING AUTHORITY	A0245 A0245	X						X	X	X		X
PEDERNALES SWCD #218	A0245	X						X	X	X		X
PELICAN BAY	A0245 A0245	X						X	X	X		X
FELICAN DAT	AU245	Х		<u> </u>				Х	Х	Х		Х

Worke	ers' Com	pensa	ation	Pay	er Li	st						
Texas Municipal League (TML)	Paver ID	TX	MN	CA	NY	WI	All	Professional	Institutional	Workers'	Auto	ERA
rexas municipal League (TML)	rayerib	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
PENELOPE	A0245	Х						Х	x	Х		Х
PENITAS	A0245	Х						Х	Х	Х		Х
PERMIAN BASIN REGIONAL PLANNING COMM	A0245	Х						Х	Х	Х		Х
PERMIAN BASIN UWCD	A0245	Х						Х	Х	Х		Х
PERRYTON	A0245	Х						Х	Х	Х		Х
PETROLIA	A0245	Х						Х	Х	Х		Х
PETTUS MUD	A0245	Х						Х	Х	Х		Х
PFLUGERVILLE	A0245	Х						Х	X	X		X
PHARR PHARR HOUSING AUTHORITY	A0245 A0245	X						X	X	X		X
PHELPS SUD	A0245 A0245	X						X	X	X		X X
PILOT POINT	A0245 A0245	X X						x x	X X	X X		X
PINE FOREST	A0245 A0245	X						X	X	X		X
PINEHURST	A0245 A0245	X						X	X	X		X
PINEY POINT VILLAGE	A0245	X						X	X	X		X
PITTSBURG	A0245	Х						×	X	×		X
PITTSBURG HOUSING AUTHORITY	A0245	Х						X	x	X		X
PLAINS	A0245	Х						X	X	X		X
PLAINVIEW	A0245	Х						X	x	X		X
PLAINVIEW HOUSING AUTHORITY	A0245	Х						X	x	X		х
PLANO HOUSING AUTHORITY	A0245	х						Х	х	Х		х
PLATEAU UWCSD	A0245	х						Х	х	Х		х
PLEAK	A0245	х						Х	х	Х		х
PLEASANTON	A0245	х						Х	х	х		х
PLEASANTON HOUSING AUTHORITY	A0245	х						Х	х	Х		Х
PLEASURE ISLAND COMMISSION	A0245	Х						Х	Х	х		Х
POINT	A0245	Х						Х	Х	х		Х
POINT AQUARIUS MUD	A0245	Х						Х	Х	Х		Х
POINT COMFORT	A0245	х						Х	Х	Х		Х
POINT HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
POINT VENTURE	A0245	Х						Х	Х	Х		Х
POLITICAL SUBDIVISION WC ALLIANCE	A0245	Х						Х	Х	Х		Х
PONDER	A0245	Х						Х	Х	Х		Х
PORT ARANSAS	A0245	Х						Х	Х	Х		Х
PORT ARTHUR	A0245	Х						Х	Х	Х		Х
PORT ARTHUR HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
PORT ISABEL	A0245	Х						Х	Х	Х		Х
PORT ISABEL HOUSING AUTHORITY	A0245	Х						X	Х	Х		X
PORT I SABEL/SAN BENITO NAVIGATION DIST	A0245	X						X	X	X		X
PORT LAVACA PORT LAVACA HOUSING AUTHORITY	A0245 A0245	X						X	X	X		X
PORT LAVACA HOUSING AUTHORITY PORT NECHES	A0245 A0245	X						X	X	X		X
PORT OF CORPUS CHRISTI AUTHORITY	A0245 A0245	X						X	X	X		X
	A0245 A0245	X						X	X	X		X
PORT OF HARLINGEN AUTHORITY	AU245	Х						Х	X	X		Х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional	Institutional	Workers'	Auto	ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
PORT OF LIBERTY COMMISSION	A0245	Х						Х	Х	Х		Х
PORTER SUD	A0245	Х						Х	Х	Х		Х
PORTLAND	A0245	Х						Х	Х	Х		Х
POST	A0245	Х						Х	х	Х		Х
POST HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
POST OAK SUD	A0245	Х						Х	Х	Х		Х
POST OAK SAVANNAH GCD POTEET	A0245 A0245	X						X	X X	X		X
POTEET HOUSING AUTHORITY	A0245 A0245	X						X X	X	X		X
POTH POTH	A0245 A0245	X X						X	X	X X		X
POTTER-RANDALL COUNTY ECD	A0245	X						X	X	X		X
POTTSBORO	A0245	X						X	X	X		X
POYNOR	A0245	X						X	X	X		X
PRAIRIE VIEW	A0245	X						X	X	X		X
PREMONT	A0245	X						×	X	×		X
PRESIDIO	A0245	Х						X	X	X		Х
PRESIDIO CAD	A0245	X						X	X	X		Х
PRIMERA	A0245	Х						X	Х	X		Х
PRINCETON	A0245	х						X	х	X		Х
PROGRESO	A0245	х						х	х	Х		Х
PROGRESO LAKES	A0245	х						х	х	х		Х
PROSPER	A0245	х						х	х	х		Х
PUBLIC TRANSIT SERVICES	A0245	х						Х	Х	Х		Х
PUTNAM	A0245	х						Х	Х	Х		Х
PYOTE	A0245	Х						Х	Х	Х		Х
QUAIL CREEK MUD	A0245	Х						Х	х	Х		Х
QUAIL VALLEY UD	A0245	х						Х	х	Х		Х
QUANAH	A0245	Х						Х	Х	Х		Х
QUANAH HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
QUEEN CITY	A0245	Х						Х	Х	Х		Х
QUINLAN	A0245	Х						Х	Х	Х		Х
QUINTANA	A0245	Х						Х	Х	Х		Х
QUITAQUE	A0245	Х						Х	Х	Х	ļ	Х
QUITMAN	A0245	Х						Х	Х	Х	ļ	Х
RAINS CAD	A0245	Х						Х	х	Х		Х
RALLS	A0245	Х						Х	х	Х		Х
RALLS HOUSING AUTHORITY	A0245	Х						X	X	X		Х
RANCH AT CYPRESS CREEK MUD #1	A0245	X						X	X	X		X
RANGER	A0245 A0245	X						X	X	X		X
RANGER HOUSING AUTHORITY	A0245 A0245	X						X	X	X		X
RANKIN	A0245 A0245	X						X	X	X		X
RANKIN HOUSING AUTHORITY	A0245 A0245	X						X	X	X		
		X						X	X	X		X
RANSOM CANYON	A0245	Х						Х	Х	Х		Х

Worl	kers' Com	pensa	ation	Pay	er Li	st						
		TX		CA		WI	All	Professional	Institutional	Workers'	Auto	ERA
Texas Municipal League (TML)	Payer ID	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
RAYMONDVILLE	A0245	Х						Х	Х	Х		Х
REAL CAD	A0245	Х						Х	Х	Х		Х
REAL EDWARDS CONS/RECL DIST	A0245	Х						х	Х	Х		Х
RED BLUFF WATER POWER CONTROL DIST	A0245	Х						х	Х	Х		Х
RED OAK	A0245	Х						х	Х	Х		Х
RED RIVER AUTHORITY OF TEXAS	A0245	Х						х	Х	Х		Х
RED RIVER CAD	A0245	Х						х	Х	Х		Х
RED RIVER SWCD	A0245	Х						х	Х	Х		Х
RED SANDS GCD	A0245	Х						х	Х	Х		Х
REDWATER	A0245	Х						х	Х	Х		Х
REEVES CAD	A0245	Х						х	Х	Х		Х
REEVES COUNTY WID #1	A0245	Х						Х	х	Х		Х
REFUGIO	A0245	Х						Х	х	Х		Х
REFUGIO COUNTY WCID #1	A0245	Х						Х	х	Х		Х
REGIONAL TRANSPORTATION AUTHORITY	A0245	Х						х	Х	Х		Х
REKLAW	A0245	х						x	х	Х		х
RENO	A0245	Х						х	Х	Х		Х
RENO (PARKER COUNTY)	A0245	Х						Х	Х	Х		Х
RETREAT	A0245	Х						х	Х	Х		Х
RHOME	A0245	Х						х	Х	Х		Х
RICE	A0245	Х						x	Х	Х		Х
RICHLAND	A0245	Х						х	Х	Х		Х
RICHLAND HILLS	A0245	х						x	х	Х		х
RICHLAND SUD	A0245	х						x	х	Х		х
RICHLAND SPRINGS	A0245	х						х	х	Х		Х
RICHMOND	A0245	Х						Х	Х	Х		Х
RICHWOOD	A0245	Х						Х	Х	Х		Х
RIESEL	A0245	Х						Х	Х	Х		Х
RIO GRANDE COG	A0245	Х						Х	Х	Х		Х
RIO GRANDE CITY	A0245	Х						Х	Х	Х		Х
RIO VISTA	A0245	Х						Х	Х	Х		Х
RISING STAR	A0245	Х						Х	Х	Х		Х
RISING STAR HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
RIVER OAKS	A0245	Х						Х	Х	Х		Х
RIVER PLANTATION MUD	A0245	Х						Х	х	Х	ļ	Х
RIVERSIDE	A0245	Х						Х	х	Х	ļ	Х
RIVIERA WCID	A0245	х						Х	Х	Х		Х
ROANOKE	A0245	Х						Х	х	Х	ļ	Х
ROARING SPRINGS	A0245	Х						Х	х	Х	ļ	Х
ROBERT LEE	A0245	х						Х	х	Х		Х
ROBERT LEE HOUSING AUTHORITY	A0245	Х						Х	х	Х	ļ	Х
ROBERTSON CAD	A0245	х						Х	х	Х		Х
ROBINSON	A0245	х						х	х	Х		Х
ROBSTOWN	A0245	Х						х	Х	Х		Х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional	Institutional	Workers'	Auto	ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
ROBSTOWN HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ROBSTOWN UTILITY SYSTEMS	A0245	Х						Х	Х	Х		Х
ROBY	A0245	Х						Х	Х	Х		Х
ROBY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ROCHESTER	A0245	Х						Х	Х	Х		Х
ROCKDALE	A0245	Х						Х	Х	Х		Х
ROCKDALE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ROCKETT SUD	A0245	Х						Х	Х	Х		Х
ROCKPORT	A0245	Х						Х	Х	Х		Х
ROCKSPRINGS	A0245	Х						Х	Х	Х		Х
ROCKWALL	A0245	Х						Х	Х	Х		Х
ROCKWALL HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ROGERS	A0245	Х						х	х	Х		Х
ROGERS HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ROLLING PLAINS GCD	A0245	Х						Х	Х	Х		Х
ROLLING PLAINS MEMORIAL HOSPITAL DIST	A0245	Х						Х	Х	Х	ļ	Х
ROLLINGWOOD	A0245	Х						Х	Х	Х		Х
ROMA	A0245	Х						Х	Х	Х		Х
ROMA HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ROMAN FOREST	A0245	Х						Х	Х	Х		Х
ROMAN FOREST PUD #3	A0245	Х						Х	х	Х		Х
ROPESVILLE	A0245	Х						Х	Х	Х	ļ	Х
ROSCOE	A0245	Х						Х	Х	Х	ļ	Х
ROSE CITY	A0245	Х						Х	Х	Х	ļ	Х
ROSE HILL SUD	A0245	Х						Х	Х	Х	ļ	Х
ROSEBUD	A0245	Х						Х	Х	Х		Х
ROSEBUD HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ROSENBERG	A0245	Х						Х	Х	Х		Х
ROSENBERG HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
ROTAN	A0245	Х						Х	Х	Х		Х
ROTAN HOUSING AUTHORITY (FMHA)	A0245	Х						Х	Х	Х		Х
ROUND ROCK	A0245	Х						Х	х	Х		Х
ROUND ROCK HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
ROUND TOP	A0245	Х						Х	Х	Х		Х
ROWLETT	A0245	Х			-			Х	Х	Х	-	Х
ROXTON POYAL WOOD MUD	A0245	Х						X	X	X		Х
ROYALWOOD MUD	A0245	Х						Х	Х	Х		Х
ROYSE CITY	A0245	Х						Х	Х	Х		Х
ROYSE CITY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
RULE	A0245	Х						X	X	X		Х
RUNAWAY BAY	A0245	Х						Х	Х	Х		Х
RUNGE	A0245	Х						Х	х	Х		Х
RUNGE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
RUNNELS CAD	A0245	Х						Х	X	Х		Х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional				ERA
	.,,.		Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	
RURAL ECONOMIC ASST LEAGUE INC	A0245	Х						Х	Х	Х		Х
RURAL TAYLOR COUNTY AGING SERVICE	A0245	Х						Х	Х	Х		Х
RUSK	A0245	Х						Х	Х	Х		Х
RUSK COUNTY ESD #1 RUSK COUNTY GCD	A0245	X						X	X	X		Х
RUSK COUNTY RURAL RAIL DISTRICT	A0245 A0245	X						X	X	X		X
RUSK HOUSING AUTHORITY	A0245 A0245	X						X	X	X		X
RUSK SWCD #447	A0245 A0245	X X						X X	X X	X X		X
SABINAL	A0245	X						X	X	X		X
SABINE/NECHES NAVIGATION DISTRICT	A0245	X						×	X	×		X
SACHSE	A0245	X						X	X	X		X
SADLER	A0245	Х						X	X	X		Х
SAGEMEADOW UTILITY DISTRICT	A0245	Х						X	X	X		Х
SAGINAW	A0245	X						X	X	X		Х
SAINT GEORGE PL REDEV AUTH REINVEST Z#1	A0245	х						х	х	Х		Х
SAINT HEDWIG	A0245	х						х	х	х		Х
SAINT JO	A0245	х						х	х	Х		Х
SAINT PAUL	A0245	х						Х	Х	Х		Х
SALADO	A0245	Х						Х	Х	Х		Х
SALADO PUBLIC LIBRARY DISTRICT	A0245	Х						Х	Х	Х		Х
SALT FORK SWCD #133	A0245	Х						Х	Х	Х		Х
SAN ANGELO HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
SAN ANTONIO	A0245	Х						Х	х	Х		Х
SAN ANTONIO HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
SAN ANTONIO MUD #1	A0245	Х						Х	Х	Х		Х
SAN AUGUSTINE HOUSING AUTH	A0245	Х						Х	Х	Х		Х
SAN BENITO	A0245	Х						Х	Х	Х		Х
SAN BENITO HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
SAN DIEGO	A0245	Х						Х	Х	Х		Х
SAN DIEGO MUD #1	A0245	Х						Х	Х	Х		Х
SAN FELIPE	A0245	X						X	X	X		Х
SAN JACINTO COUNTY ESD SAN JUAN	A0245 A0245	X						X	X	X		X
SAN JUAN HOUSING AUTHORITY	A0245 A0245	X						X	X	X		X X
SAN LEANNA	A0245 A0245	X X						X X	X X	X X		X
SAN LEON MUD	A0245	X						X	X	X		X
SAN MARCOS	A0245 A0245	X						X	X	X		X
SAN MARCOS HOUSING AUTHORITY	A0245	X						X	X	X		X
SAN PATRICIO CAD	A0245	X						X	X	X		X
SAN PATRICIO MWD	A0245	X						X	X	X		X
SAN SABA	A0245	X						X	X	X		X
SAN SABA CAD	A0245	Х						X	X	X		X
SAN SABA HOUSING AUTHORITY	A0245	Х						X	X	X		X
SAN SABA SWCD #250	A0245	Х						X	X	X		X

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional		Workers'		ERA
			Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	
SAN YGNACIO MUD	A0245	Х						Х	Х	Х		Х
SANDY POINT	A0245	Х						Х	Х	Х		Х
SANFORD	A0245	Х						Х	Х	Х		Х
SANGER	A0245	Х						Х	Х	Х		Х
SANSOM PARK	A0245	Х						X	X	X		Х
SANTA ANNA HOUGING ALITHORITY	A0245	Х						X	X	X		Х
SANTA ANNA HOUSING AUTHORITY SANTA CLARA	A0245 A0245	X X						X X	X X	X X		X
SANTA CLARA SANTA CRUZ IRRIGATION DIST #15	A0245 A0245	X						X	X	X	 	X
SANTA FE	A0245	X						X	X	X		X
SANTA RITA UWCD	A0245	X						X	X	×		X
SANTA ROSA	A0245	Х						X	X	×		X
SAVOY	A0245	X						X	X	×		X
SCHERTZ	A0245	Х						X	X	X		Х
SCHERTZ HOUSING AUTHORITY	A0245	X						X	X	X		Х
SCHULENBURG	A0245	х						х	х	х		Х
SCHULENBURG HOUSING AUTHORITY	A0245	х						Х	х	Х		Х
SCOTLAND	A0245	х						х	х	х		Х
SCURRY CAD	A0245	х						х	х	х		Х
SEABROOK	A0245	х						х	х	Х		Х
SEADRIFT	A0245	Х						Х	Х	Х		Х
SEAGOVILLE	A0245	Х						Х	Х	Х		Х
SEAGRAVES	A0245	Х						Х	х	Х		Х
SEAGRAVES HOUSING AUTHORITY	A0245	х						Х	х	Х		Х
SEALY	A0245	Х						Х	х	Х		Х
SEBASTIAN MUD	A0245	Х						Х	Х	Х		Х
SEGUIN	A0245	Х						Х	х	Х		Х
SEGUIN HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
SEIS LAGOS UD	A0245	Х						Х	Х	Х		Х
SELMA	A0245	Х						Х	Х	Х		Х
SEMINOLE	A0245	Х						Х	Х	Х		Х
SEVEN OAKS	A0245	Х						Х	х	Х		Х
SEVEN POINTS	A0245	Х						Х	х	Х		Х
SEYMOUR	A0245	Х						X	X	X		Х
SEYMOUR HOUSING AUTHORITY	A0245	Х						X	X	X		Х
SHACKELFORD CAD SHADY HOLLOW MUD	A0245	X						X	X	X		X
	A0245	X			\vdash			X	X X	X	-	X
SHADY SHORES SHALLOWATER	A0245 A0245	X X						X X	X	X X		X
SHAMROCK	A0245 A0245	X			\vdash			X	X	X	1	X
SHAVANO PARK	A0245 A0245	X			\vdash			X	X	X	1	X
SHELBY CAD	A0245 A0245	X						X	X	X		X
SHELBY COUNTY SWCD	A0245 A0245	X						X	X	X		X
SHELDON ROAD MUD	A0245 A0245	X						X	X	X		X
SHELDON KOAD MOD	AU245	Х						Х	Х	Х		Х

Worke	ers' Com	pensa	ation	Pay	er Lis	st						
		TX			NY		All	Professional	Institutional	Workers'	Auto	ERA
Texas Municipal League (TML)	Payer ID	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
SHENANDOAH	A0245	х						х	Х	х		х
SHEPHERD	A0245	х						Х	Х	Х		Х
SHERMAN	A0245	х						Х	х	Х		Х
SHERMAN CAD	A0245	х						Х	х	Х		Х
SHERMAN HOUSING AUTHORITY	A0245	х						Х	х	Х		х
SHINER	A0245	х						Х	х	Х		х
SHOREACRES	A0245	Х						Х	Х	Х		Х
SIESTA SHORES WCID	A0245	Х						х	Х	х		Х
SILSBEE	A0245	Х						Х	Х	Х		Х
SILVERTON	A0245	Х						Х	Х	Х		Х
SIMONTON	A0245	Х						Х	Х	Х		Х
SINTON	A0245	Х						Х	Х	Х		Х
SINTON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
SKELLYTOWN	A0245	Х						Х	Х	Х		Х
SLATON	A0245	Х						Х	Х	X		Х
SLATON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
SMILEY	A0245	Х						Х	Х	Х		Х
SMILEY HOUSING AUTHORITY	A0245	х						Х	Х	Х		Х
SMITH CAD	A0245	х						Х	Х	Х		Х
SMITH COUNTY 911 COMM DIST	A0245	Х						Х	Х	Х		Х
SMITH COUNTY ESD #1	A0245	Х						Х	Х	Х		Х
SMITH COUNTY MUD #1	A0245	Х						X	Х	Х		Х
SMITHVILLE	A0245	Х						X	Х	Х		Х
SMITHVILLE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
SMYER	A0245	Х						Х	Х	Х		Х
SNOOK	A0245	Х						Х	Х	Х		Х
SOCORRO	A0245	Х						Х	Х	Х		Х
SOMERSET	A0245	Х						Х	Х	Х		Х
SOMERVELL CENTRAL APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		Х
SOMERVELL COUNTY WATER DISTRICT	A0245	Х						Х	Х	X		Х
SOMERVILLE	A0245	Х						Х	Х	X		Х
SONORA	A0245	Х						Х	Х	X		Х
SOUR LAKE	A0245	Х						Х	Х	Х		Х
SOUTH EAST TEXAS PLANNING COMMISSION	A0245	Х						Х	Х	X		Х
SOUTH HOUSTON	A0245	Х						Х	Х	Х		Х
SOUTH PADRE ISLAND	A0245	Х						Х	Х	Х		Х
SOUTH PLAINS ASSOCIATION OF GOVERNMENTS	A0245	Х						Х	Х	Х		Х
SOUTH PLAINS PUBLIC HEALTH DISTRICT	A0245	Х						Х	Х	Х		Х
SOUTH PLAINS UWCD	A0245	Х						Х	Х	Х		Х
SOUTH TEXAS DEVELOPMENT COUNCIL	A0245	Х						Х	Х	Х		Х
SOUTH TEXAS WATER AUTHORITY	A0245	Х						Х	Х	Х		Х
SOUTH TEXAS WEATHER MODIFICATION ASSOC	A0245	Х						Х	Х	Х		Х
SOUTHEAST TEXAS GROUNDWATER CONS DIST	A0245	Х						Х	Х	Х		Х
SOUTHERN MONTGOMERY COUNTY MUD	A0245	Х						Х	X	X		Х

Work	ers' Com	oensa	ation	Pay	er Li	st						
Texas Municipal League (TML)	Payer ID	TX		CA		WI	All	Professional	Institutional	Workers'	Auto	ERA
Texas municipal League (TML)	rayerib	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
SOUTHERN TRINITY GCD	A0245	Х						Х	Х	X		Х
SOUTHLAKE	A0245	Х						Х	Х	Х		Х
SOUTHMAYD	A0245	Х						Х	Х	X		Х
SOUTHSIDE PLACE	A0245	Х						Х	Х	X		Х
SOUTHWEST FANNIN SUD	A0245	Х						Х	Х	X		Х
SOUTHWEST TX RAIN ENHANCEMENT ASSOC	A0245	Х						Х	Х	X		Х
SPEARMAN	A0245	Х						Х	Х	X		Х
SPEARMAN HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
SPLENDORA	A0245	Х						Х	Х	Х		Х
SPRING BRANCH MGMT DISTRICT	A0245	Х						Х	Х	X		Х
SPRING VALLEY	A0245	Х						Х	Х	X		Х
SPRINGLAKE	A0245	Х						Х	Х	X		Х
SPRINGTOWN	A0245	Х						Х	Х	X		Х
SPRINGWOODS MUD	A0245	Х						Х	Х	X		Х
SPUR	A0245	Х						Х	Х	Х		Х
SPUR HOUSING AUTHORITY	A0245	Х						Х	Х	X		Х
STAFFORD	A0245	Х						Х	Х	X		Х
STAGECOACH	A0245	Х						Х	Х	X		Х
STAMFORD	A0245	Х						Х	Х	X		Х
STAMFORD HOUSING AUTHORITY	A0245	Х						Х	Х	X		Х
STANTON	A0245	Х						Х	Х	Х		Х
STANTON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
STAR HARBOR	A0245	Х						Х	Х	х		Х
STARR CAD	A0245	Х						Х	Х	х		Х
STARR COUNTY HOUSING AUTHORITY	A0245	Х						Х	Х	х		Х
STEPHENS CAD	A0245	Х						Х	Х	х		Х
STEPHENS REGIONAL SUD	A0245	Х						Х	Х	х		Х
STEPHENVILLE	A0245	Х						Х	Х	Х		Х
STERLING CITY	A0245	Х						Х	Х	Х		Х
STERLING COUNTY APPRAISAL DISTRICT	A0245	Х						Х	Х	Х		Х
STERLING COUNTY UWCD	A0245	Х						Х	Х	Х		Х
STINNETT	A0245	Х						Х	Х	Х		Х
STOCKDALE	A0245	Х						Х	Х	Х		Х
STOCKDALE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
STONEWALL RANCH MUD	A0245	Х						Х	Х	Х		Х
STONEWALL SWCD #167	A0245	Х						Х	Х	Х		Х
STRATFORD	A0245	Х						Х	Х	Х		Х
STRAWN	A0245	Х						Х	х	Х		Х
STRAWN HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
STREETMAN	A0245	Х						Х	х	Х		Х
SUDAN	A0245	Х						Х	х	Х		Х
SUGAR LAND	A0245	Х						Х	Х	Х		Х
SULLIVAN CITY	A0245	Х						Х	Х	Х		Х
SULPHUR SPRINGS	A0245	Х						Х	х	х	1	Х

Work	ers' Com	pensa	ation	Pay	er Li	st						
Texas Municipal League (TML)	Payer ID	TX		CA		WI	All	Professional	Institutional	Workers'	Auto	ERA
Texas Municipal League (TML)	rayei iD	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
SULPHUR-CYPRESS SWCD	A0245	Х						Х	Х	X		Х
SUNBELT FWSD	A0245	Х						Х	Х	Х		Х
SUNDOWN	A0245	Х						Х	Х	X		Х
SUNNYVALE	A0245	Х						Х	Х	X		Х
SUNRAY	A0245	Х						Х	Х	X		Х
SUNRISE BEACH VILLAGE	A0245	Х						Х	х	х		Х
SUNSET VALLEY	A0245	Х						Х	х	х		Х
SURFSIDE BEACH	A0245	Х						Х	Х	х		Х
SUTTON COUNTY UWCD	A0245	Х						Х	Х	Х		Х
SWEENY	A0245	Х						Х	Х	X		Х
SWEETWATER	A0245	Х						Х	Х	X		Х
SWEETWATER HOUSING AUTHORITY	A0245	Х						Х	х	х		Х
SWISHER CAD	A0245	Х						Х	х	х		Х
TML	A0245	Х						Х	х	х		Х
TML-IEBP	A0245	Х						Х	Х	Х		Х
TML-IRP	A0245	Х						Х	Х	X		Х
TRI SUD	A0245	Х						Х	х	х		Х
TAFT	A0245	Х						Х	х	х		Х
TAFT HOUSING AUTHORITY	A0245	Х						Х	х	х		Х
TAHOKA	A0245	Х						Х	х	х		х
TALCO	A0245	Х						Х	Х	х		Х
TALCO HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
TALTY	A0245	Х						Х	х	х		Х
TARA GLEN MUD	A0245	Х						Х	х	х		Х
TARKINGTON SUD	A0245	Х						Х	Х	X		Х
TARRANT COUNTY 911 DISTRICT	A0245	Х						Х	Х	X		Х
TATUM	A0245	Х						Х	х	х		Х
TATUM HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
TAX INCREMENT REINVESTMENT ZONE #1	A0245	Х						Х	Х	X		Х
TAX INCREMENT REINVESTMENT ZONE #11	A0245	Х						Х	Х	х		Х
TAYLOR	A0245	Х						Х	Х	х		Х
TAYLOR HOUSING AUTHORITY	A0245	Х						Х	Х	х		Х
TAYLOR LAKE VILLAGE	A0245	Х						Х	Х	X		Х
TEAGUE	A0245	Х						Х	Х	X		Х
TEAGUE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
TEHUACANA	A0245	Х						Х	Х	х		Х
TEMPLE	A0245	Х						Х	Х	Х		Х
TEMPLE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
TENAHA	A0245	Х						Х	Х	Х		Х
TERRELL	A0245	Х						Х	Х	Х		Х
TERRELL HILLS	A0245	Х						Х	Х	Х		Х
TERRY MEMORIAL HOSPITAL DIST	A0245	Х						Х	Х	Х		Х
TEXANA MHMR CENTER	A0245	Х						Х	х	Х		Х
TEXARKANA	A0245	Х						Х	Х	Х		Х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional				ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
TEXARKANA HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
TEXARKANA WATER UTILITIES	A0245	Х						Х	Х	Х		Х
TEXARKANA-BOWIE CO FAM HEALTH CLINIC	A0245	Х						Х	Х	Х		Х
TEXAS ASSOC OF REGIONAL COUNCILS	A0245	Х						Х	Х	Х		Х
TEXAS CITY	A0245	Х						Х	Х	Х		Х
TEXAS CITY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
TEXAS CITY TIRZ #1	A0245	Х						Х	Х	Х		Х
TEXAS HOUSING FOUNDATION	A0245	Х						Х	х	Х		Х
TEXAS MUNICIPAL POWER AGENCY	A0245	Х						Х	Х	Х		Х
TEXAS MUNICIPAL RETIREMENT SYSTEM	A0245	Х						Х	Х	Х		Х
TEXHOMA	A0245	Х						Х	Х	Х		Х
TEXLINE	A0245	Х						х	х	Х		Х
TEXOMA AREA PARATRANSIT SYS INC	A0245	Х						х	х	Х		Х
TEXOMA AREA SOLID WASTE AUTH	A0245	Х						Х	Х	Х		Х
TEXOMA COG	A0245	Х						Х	Х	Х		Х
THE COLONY	A0245	Х						Х	Х	Х		Х
THE COLONY MUD #1A	A0245	Х						Х	Х	Х		Х
THE COLONY MUD #1B	A0245	Х						Х	Х	Х		Х
THE COLONY MUD #1C	A0245	Х						Х	Х	Х		Х
THE COLONY MUD #1D	A0245	Х						Х	Х	Х		Х
THE COLONY MUD #1E	A0245	Х						Х	Х	Х		Х
THE COLONY MUD #1F	A0245	Х						Х	Х	Х		Х
THE COLONY MUD #1G	A0245	Х						Х	Х	Х		Х
THE WOODLANDS TOWNSHIP	A0245	Х						Х	Х	Х		Х
THOMPSONS	A0245	Х						Х	Х	Х		Х
THORNDALE	A0245	Х						Х	Х	Х		Х
THORNDALE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
THORNTON	A0245	Х						Х	Х	Х		Х
THORNTONVILLE	A0245	Х						Х	Х	Х		Х
THRALL	A0245	Х						Х	Х	Х		Х
THREE RIVERS	A0245	Х						Х	Х	Х		Х
THREE RIVERS HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
THROCKMORTON	A0245	Х						Х	Х	Х		Х
THROCKMORTON CENTRAL APPRAISAL DIST	A0245	Х						Х	Х	Х		Х
THROCKMORTON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
TIKI ISLAND	A0245	Х						Х	Х	Х		Х
TIMBERCREEK CANYON VILLAGE OF	A0245	Х						Х	х	Х		Х
TIMPSON	A0245	х						Х	Х	Х		Х
TIMPSON HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
TIOGA	A0245	Х						Х	х	Х		Х
TIOGA HOUSING AUTHORITY	A0245	х						Х	Х	Х		Х
TITUS CAD	A0245	Х						Х	х	Х		Х
TODD MISSION	A0245	Х						Х	х	Х		Х
TOLAR	A0245	Х						Х	х	Х		Х

Worke	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional		Workers'		ERA
			Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	
TOM BEAN	A0245	Х						Х	Х	Х		Х
TOMBALL	A0245	Х						Х	Х	Х		Х
TOOL	A0245	Х						Х	х	Х		Х
TOYALL MADIA CIMOD	A0245	Х						Х	Х	Х		Х
TOYAH-LIMPIA SWCD TRAVIS COUNTY ESD #1	A0245	Х						X	X	X		Х
TRAVIS COUNTY ESD #12	A0245 A0245	X						X	X	X		X
TRAVIS COUNTY ESD #12 TRAVIS COUNTY ESD #14	A0245 A0245	X X						X X	X X	X X		X X
TRAVIS COUNTY ESD #14 TRAVIS COUNTY ESD #2	A0245	X						X	X	X		X
TRAVIS COUNTY ESD #3	A0245	X						X	X	X		X
TRAVIS COUNTY ESD #6	A0245	X						×	X	×		X
TRAVIS COUNTY ESD #9	A0245	X						X	X	X		X
TRAVIS COUNTY FIRE/RESCUE ESD #11	A0245	Х						X	X	X		Х
TRAVIS COUNTY HOUSING AUTHORITY	A0245	Х						X	X	X		Х
TRAVIS COUNTY MUD #11	A0245	Х						х	х	X		х
TRAVIS COUNTY MUD #12	A0245	х						х	х	х		х
TRAVIS COUNTY MUD #13	A0245	х						х	х	х		х
TRAVIS COUNTY MUD #16	A0245	Х						х	х	х		Х
TRAVIS COUNTY MUD #2	A0245	х						Х	Х	Х		Х
TRAVIS COUNTY WCID #17	A0245	х						Х	Х	Х		Х
TRAVIS COUNTY WCID #19	A0245	Х						Х	х	Х		Х
TRAVIS COUNTY WCID-POINT VENTURE	A0245	Х						Х	Х	Х		Х
TREASURE ISLAND MUD	A0245	Х						Х	х	Х		х
TRENT	A0245	х						Х	х	Х		х
TRENTON	A0245	Х						Х	Х	Х		х
TRINIDAD	A0245	Х						Х	Х	Х		х
TRINIDAD HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
TRINITY	A0245	Х						Х	Х	Х		Х
TRINITY GLEN ROSE GCD	A0245	Х						Х	х	Х		Х
TROPHY CLUB	A0245	Х						Х	Х	Х		Х
TROUP TROY	A0245 A0245	Х						X	X	X		Х
TULIA	A0245 A0245	X						X	X	X		X
TULIA HOUSING AUTHORITY	A0245 A0245	X						X	X	X		X
TURKEY	A0245 A0245	X X						X X	X X	X X		X
TUSCOLA	A0245 A0245	X		 				X	X	X		X
TWO WAY SUD	A0245	X						X	X	X		X
TYE	A0245	X		-				X	X	X		X
TYLER COUNTY ESD #1	A0245	X						X	X	X		X
TYLER COUNTY ESD #7	A0245	X						X	X	X		X
UHLAND	A0245	X						X	X	X		X
UNCERTAIN	A0245	Х						X	X	X		Х
UNIVERSAL CITY	A0245	Х						X	X	X		Х
UNIVERSITY PARK	A0245	Х						X	X	X		Х

Work	ers' Com	pensa	ation	Pay	er Li	st						
Texas Municipal League (TML)	Payer ID	TX			NY		All	Professional		Workers'		ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	
UPPER BRUSHY CREEK WCID	A0245	Х						Х	Х	Х		Х
UPPER CLEAR FORK SWCD	A0245	Х						Х	Х	Х		Х
UPPER GUADALUPE RIVER AUTHORITY	A0245	Х						Х	Х	Х		Х
UPPER KIRBY REDEV AUTH TIRZ 19 HOUSTON	A0245 A0245	Х						X	X	X		Х
UPPER LEON RIVER MWD	A0245 A0245	X						X	X	X		X
UPPER LEON SWCD #525 UPPER LLANOS SWCD	A0245 A0245	X X						X X	X X	X		X X
UPPER PECOS SWCD	A0245 A0245	X						X	X	X X		X
UPPER SABINE SWCD	A0245	X						X	X	X		X
UPPER TRINITY REGIONAL WATER DIST	A0245	X						X	X	X		X
UPSHUR CAD	A0245	X						X	X	X		X
UPSHUR-GREGG COUNTY SWCD	A0245	X						X	X	X		X
UPTON CAD	A0245	X						X	X	X		X
UPTON COUNTY ESD #1	A0245	X						×	X	×		X
UPTON COUNTY ESD #2	A0245	Х						X	X	X		Х
UPTON COUNTY WATER DISTRICT #1	A0245	X						x	X	X		Х
UVALDE	A0245	х						X	X	X	1	Х
UVALDE CAD	A0245	х						X	X	X		Х
UVALDE COUNTY UWCD	A0245	х						х	х	Х		Х
UVALDE HOUSING AUTHORITY	A0245	х						х	х	х		Х
VALLEY ACRES IRRIGATION DISTRICT	A0245	х						х	х	х		х
VALLEY INTERNATIONAL AIRPORT	A0245	х						х	х	х		Х
VALLEY MUD #2	A0245	Х						Х	Х	Х		Х
VALLEY MILLS	A0245	Х						Х	Х	Х		Х
VALLEY VIEW	A0245	Х						Х	Х	Х		Х
VAN	A0245	Х						х	х	Х		Х
VAN ALSTYNE	A0245	Х						Х	Х	Х		Х
VAN HORN	A0245	Х						Х	Х	Х		Х
VAN HORN HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
VAN HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
VAN ZANDT CAD	A0245	Х						Х	Х	Х		Х
VARNER CREEK UD	A0245	Х						Х	Х	Х		Х
VEGA	A0245	Х						Х	Х	Х		Х
VELASCO DRAINAGE DISTRICT	A0245	Х						Х	Х	Х		Х
VENUS	A0245	Х						Х	Х	Х		Х
VERNON	A0245	Х						Х	Х	Х		Х
VERNON HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
VICTORIA	A0245	Х						Х	Х	Х		Х
VICTORIA COUNTY GCD	A0245	Х						X	X	X		Х
VICTORIA COUNTY WCID #2	A0245	Х						X	X	X		X
VICTORIA HOUSING AUTHORITY	A0245	X						X	X	X		Х
VIDOR	A0245	Х						X	X	X		X
VILLAGE OF THE HILLS	A0245	Х						X	X	X		Х
VINTON	A0245	Х						X	Х	X		Х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional	Institutional	Workers'	Auto	ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
VISTA MUD	A0245	Х						Х	Х	Х		Х
VOLENTE	A0245	Х						Х	Х	Х		Х
WACO CITY OF WACO TRANSIT SYSTEM	A0245	Х						Х	Х	Х		Х
WACO HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
WAELDER	A0245	Х						Х	Х	Х		Х
WAELDER HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
WAKE VILLAGE	A0245	Х						Х	Х	Х		Х
WALKER COUNTY ESD #1	A0245	Х						Х	Х	Х		Х
WALKER COUNTY ESD #2	A0245	Х						Х	Х	Х		Х
WALKER COUNTY HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
WALKER COUNTY SUD	A0245	Х						Х	Х	Х		Х
WALLER	A0245	Х						х	х	Х		Х
WALLER COUNTY RID #1	A0245	Х						х	х	Х		Х
WALLIS	A0245	Х						Х	Х	Х		Х
WALNUT CREEK SUD	A0245	Х						Х	Х	Х		Х
WALNUT SPRINGS	A0245	Х						Х	Х	Х		Х
WALSH RANCH MUD	A0245	Х						Х	Х	Х		Х
WARD CAD	A0245	Х						Х	Х	Х		Х
WARD COUNTY WID #2	A0245	Х						Х	Х	Х		Х
WARREN CITY	A0245	Х						Х	Х	Х		Х
WASKOM	A0245	Х						Х	Х	Х		Х
WATAUGA	A0245	Х						Х	Х	Х		Х
WATERWOOD MUD #1	A0245	Х						Х	Х	Х		Х
WAXAHACHIE	A0245	Х						Х	Х	Х		Х
WAXAHACHIE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
WEATHERFORD	A0245	Х						Х	Х	Х		Х
WEATHERFORD HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
WEBB CAD	A0245	Х						Х	Х	Х		Х
WEBBERVILLE	A0245	Х						Х	Х	Х		Х
WEBSTER	A0245	Х						Х	Х	Х		Х
WEIMAR	A0245	Х						Х	Х	Х		Х
WEIR	A0245	Х						Х	Х	Х		Х
WELLINGTON	A0245	Х						Х	Х	Х		Х
WELLINGTON HOUSING AUTHORITY	A0245	Х						Х	х	Х		Х
WELLMAN	A0245	Х						Х	Х	Х		Х
WELLS	A0245	Х						Х	Х	Х		Х
WELLS BRANCH COMMUNITY LIBRARY	A0245	Х						Х	х	Х		Х
WELLS BRANCH MUD	A0245	Х						Х	х	Х		Х
WES-TEX GCD	A0245	х						Х	х	Х		Х
WESLACO HOUSING AUTHORITY	A0245	х						Х	х	Х		Х
WEST	A0245	Х						Х	Х	Х		Х
WEST BASTROP VILLAGE MUD	A0245	х						Х	х	Х		Х
WEST BRAZORIA COUNTY DD #11	A0245	Х						Х	Х	Х		Х
WEST CEDAR CREEK MUD	A0245	Х						Х	Х	Х		Х

Work	ers' Com	pensa										
Texas Municipal League (TML)	Paver ID	TX			NY		All	Professional				ERA
		Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
WEST COLUMBIA	A0245	Х						Х	Х	Х		Х
WEST GREGG SUD	A0245	Х						Х	Х	Х		Х
WEST HARRIS COUNTY MUD #2	A0245	Х						Х	Х	Х		Х
WEST HARRIS COUNTY MUD #9	A0245	Х						Х	Х	Х		Х
WEST LAKE HILLS	A0245	Х						Х	х	Х		Х
WEST NUECES-LAS MORAS SWCD	A0245	Х						Х	Х	Х		Х
WEST ORANGE WEST TAWAKONI	A0245 A0245	X						X	X	X		X
WEST TAWARONI WEST TEXAS WEATHER MOD ASSOC	A0245 A0245	X						X X	X X	X		X X
WEST TRAVIS COUNTY MUD #5	A0245 A0245	X X						X	X	X X		X
WEST TRAVIS COUNTY MUD #8	A0245	X						X	X	X		X
WEST UNIVERSITY PLACE	A0245	X						X	X	X		X
WEST WISE SUD	A0245	X						X	X	X		X
WEST WISE SOD WESTBANK COMM LIBRARY DISTRICT	A0245 A0245	X						X	X	X		X
WESTBROOK	A0245	X						X	X	×		X
WESTCHASE DISTRICT	A0245	Х						X	X	X		X
WESTLAKE	A0245	X						X	X	X		Х
WESTON	A0245	Х						Х	X	X		Х
WESTON LAKES	A0245	х						х	Х	X		Х
WESTON MUD	A0245	х						х	х	Х		Х
WESTOVER HILLS	A0245	х						х	х	х		Х
WESTWOOD SHORES MUD	A0245	х						х	х	х		Х
WESTWORTH VILLAGE	A0245	х						Х	Х	Х		Х
WHARTON	A0245	х						Х	Х	Х		Х
WHEELER	A0245	Х						Х	Х	Х		Х
WHEELER CAD	A0245	Х						Х	Х	Х		Х
WHITE DEER	A0245	х						Х	Х	Х		Х
WHITE OAK	A0245	Х						Х	Х	Х		Х
WHITE RIVER MUNICIPAL WATER DISTRICT	A0245	Х						Х	х	Х		Х
WHITE ROCK SUD	A0245	Х						Х	Х	Х		Х
WHITE SETTLEMENT	A0245	Х						Х	Х	Х		Х
WHITEFACE	A0245	Х						Х	Х	Х		Х
WHITEHOUSE	A0245	Х						Х	Х	Х	ļ	Х
WHITESBORO	A0245	Х						Х	Х	Х	ļ	Х
WHITESBORO HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
WHITEWRIGHT	A0245	Х						Х	Х	Х		Х
WHITNEY	A0245	Х						X	X	X		Х
WHITNEY HOUSING AUTHORITY	A0245	X						X	Х	X		X
WICHITA APPRAISAL DISTRICT	A0245 A0245	X						X	X	X		X
WICHITA FALLS HOUSING AUTHORITY WICKETT	A0245 A0245	X						X	X	X		X
WICKSON CREEK SUD	A0245 A0245	X						X	X	X		X
WILBARGER CREEK MUD #1	A0245 A0245	X			\vdash			X	X	X		X
		X		-				X	X	X		X
WILBARGER CREEK MUD #2	A0245	Х						Х	Х	Х		Х

Texas Municipal League (TML)	Paver ID											
	Paver ID	TX			NY		All	Professional				ERA
	.,	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	
WILLACY CO NAV DIST/PORT MANS PUD	A0245	Х						Х	Х	Х		Х
WILLACY COUNTY DRAINAGE DISTRICT #1	A0245	Х						Х	Х	Х		Х
WILLIAMSON COUNTY ESD #1	A0245	Х						Х	Х	Х		Х
WILLIAMSON COUNTY ESD #4 WILLIAMSON COUNTY ESD #7	A0245	X						X	X	X		Х
WILLIAMSON COUNTY ESD #7 WILLIAMSON COUNTY MUD #10	A0245 A0245	X						X	X	X		X
WILLIAMSON COUNTY MUD #10 WILLIAMSON COUNTY MUD #11	A0245 A0245	X						X	X	X		_
WILLIAMSON COUNTY MUD #11 WILLIAMSON COUNTY MUD #15	A0245 A0245	X						X X	X X	X X		X
WILLIAMSON COUNTY MUD#13	A0245	X						X	X	X		X
WILLIAMSON/TRAVIS CO WCID #1G	A0245	X						×	X	×		X
WILLIS	A0245	X						×	X	×		X
WILLOW FORK DD	A0245	Х						X	X	X		Х
WILLOW PARK	A0245	x						X	X	X		Х
WILLS POINT	A0245	X						X	X	X		Х
WILLS POINT HOUSING AUTHORITY	A0245	х						X	X	X		х
WILMER	A0245	х						х	х	х		х
WILSON	A0245	х						х	х	х		х
WIMBERLEY	A0245	х						Х	х	х		х
WIMBERLEY VILLAGE LIBRARY DISTRICT	A0245	х						Х	х	х		х
WINDCREST	A0245	Х						Х	х	х		Х
WINDOM	A0245	Х						Х	Х	Х		Х
WINDTHORST	A0245	Х						Х	Х	Х		Х
WINFIELD	A0245	Х						Х	Х	Х		х
WINK	A0245	Х						Х	х	Х		х
WINK HOUSING AUTHORITY	A0245	Х						Х	х	х		Х
WINKLER CAD	A0245	Х						Х	х	Х		х
WINNSBORO	A0245	Х						Х	Х	Х		Х
WINNSBORO HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
WINONA	A0245	Х						Х	Х	Х		Х
WINTERGARDEN GCD	A0245	Х						Х	Х	Х		Х
WINTERS	A0245	Х						Х	Х	Х		Х
WINTERS HOUSING AUTHORITY WISE CAD	A0245	X						X	X	X		Х
WISE COUNTY WCID #1	A0245 A0245	X						X	X	X		X
WISE SWCD #548	A0245 A0245	X						X X	X X	X X		X X
WIXON VALLEY	A0245 A0245	+							X			X
WOLFE CITY	A0245 A0245	X						x x	X	X X		X
WOLFE CITY WOLFE CITY HOUSING AUTHORITY	A0245 A0245	X						X	X	X		X
WOLFE CITT HOUSING AUTHORITI WOLFFORTH	A0245 A0245	X						X	X	X		X
WOOD CAD	A0245	X						X	X	X		X
WOOD COUNTY SWCD	A0245	X						X	X	X		X
WOODBRANCH VILLAGE	A0245	X						×	X	×		X
WOODCREEK	A0245	X						×	X	×		X
WOODCREEK MUD	A0245	X						×	X	×		X

Work	ers' Com	pensa	ation	Pay	er Li	st						
Texas Municipal League (TML)	Payer ID	TX Only	MN Only	CA Only	NY Only	WI Only	All States	Professional Claims	Institutional Claims	Workers' Comp Only	Auto Only	ERA (835)
WOODCREEK RESERVE MUD	A0245	Х						Х	Х	Х		Х
WOODLOCH	A0245	Х						Х	Х	Х		Х
WOODRIDGE MUD	A0245	Х						Х	Х	Х		Х
WOODSBORO	A0245	Х						Х	Х	Х		Х
WOODVILLE HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
WOODWAY	A0245	Х						х	Х	Х		Х
WORTHAM	A0245	Х						х	Х	Х		Х
WORTHAM HOUSING AUTHORITY	A0245	Х						Х	Х	Х		Х
WYLIE	A0245	Х						Х	Х	Х		Х
YANTIS	A0245	Х						Х	Х	Х		Х
YOAKUM	A0245	Х						Х	Х	Х		Х
YOAKUM HOUSING AUTHORITY	A0245	Х						х	Х	Х		Х
YORKTOWN	A0245	Х						х	Х	Х		Х
YORKTOWN HOUSING AUTHORITY	A0245	Х						х	Х	Х		Х
YOUNG COUNTY SWCD	A0245	Х						Х	Х	Х		Х
ZAPATA CAD	A0245	Х						Х	Х	Х		Х
ZAPATA COUNTY WCID	A0245	Х						Х	Х	Х		Х
ZAVALA CAD	A0245	Х						Х	Х	Х		Х
ZAVALA COUNTY WCID #1	A0245	Х						Х	Х	Х		Х
ZAVALLA	A0245	Х						Х	Х	Х		Х

V	Vorkers' Com	pensa	ation	Pay	er Li	st						
Edwards Claims Administration		TX		CA		WI	All	Professional	Institutional	Workers'	Auto	ERA
	Payer ID	Only	Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	(835)
ABILENE ISD SELF-INSURED	J1204	Х						х	х	Х		Х
ABILENE ISD RUN-OFF	J1204	Х						х	х	Х		Х
ALAMO HEIGHTS ISD	J1204	Х						Х	Х	Х		Х
ALEDO ISD	J1204	Х						Х	Х	Х		Х
BELLVILLE ISD	J1204	Х						Х	Х	Х		Х
BENAVIDES ISD	J1204	Х						Х	Х	Х		Х
BIG SPRING ISD	J1204	Х						Х	Х	Х		Х
BIRDVILLE INDEPENDENDENT SCHOOL DISTRICT	J1204	Х						Х	Х	Х		Х
BRACKETT I.S.D. BRADY ISD	J1204	Х						Х	Х	Х		Х
BRECKENRIDGE ISD	J1204	Х						X	X	X		Х
BROOKS COUNTY ISD	J1204 J1204	X						X	X	X		X
BROWNFIELD ISD	J1204 J1204	X						X	X	X		X
BURLESON COUNTY ALT SCHOOL	J1204 J1204	_						X	X	X		_
BURLESON-MILAM CO-OP	J1204 J1204	X						X X	X X	X X		X
CALDWELL ISD	J1204	X						X	X	X		X
CANYON ISD	J1204	X						X	X	X		X
CARRIZO SPRINGS CISD	J1204	X						X	X	X		X
CENTER POINT ISD	J1204	X						X	X	×		X
CITY OF WICHITA FALLS	J1204	X						X	X	X		Х
CLARKSVILLE ISD	J1204	Х						X	X	X		Х
COTULLA ISD	J1204	Х						х	X	X		Х
CRYSTAL CITY ISD	J1204	Х						х	х	Х		Х
DALHART ISD	J1204	Х						х	х	Х		Х
DE SOTO ISD	J1204	Х						х	х	Х		Х
DEL VALLE I.S.D.	J1204	Х						х	Х	Х		Х
DENVER CITY ISD	J1204	Х						х	Х	Х		Х
DILLEY ISD	J1204	Х						х	Х	Х		Х
DUMAS ISD	J1204	Х						х	Х	Х		Х
DUNCANVILLE INDEPENDENT SCHOOL DISTRICT	J1204	Х						х	Х	Х		Х
DUNCANVILLE ISD	J1204	Х						Х	Х	Х		Х
EAGLE MOUNTAIN-SAGINAW ISD	J1204	Х						х	х	Х		Х
EDINBURG CISD	J1204	Х						Х	Х	Х		Х
FLORESVILLE ISD	J1204	Х						Х	Х	Х		Х
FORNEY ISD	J1204	Х						Х	Х	Х		Х
FRENSHIP ISD	J1204	Х						Х	Х	Х		Х
FRIO COUNTY	J1204	Х						Х	Х	Х		Х
FT. SAM HOUSTON ISD	J1204	Х						х	Х	Х		Х
GAINESVILLE ISD	J1204	Х						х	Х	Х		Х
GARNER ISD GEORGETOWN ISD	J1204	Х						X	X	X		Х
GODLEY ISD	J1204	Х						X	X	X		X
GRAFORD I.S.D.	J1204	Х						X	X	X		X
	J1204	Х						Х	X	X		X
GRUVER ISD	J1204	Χ						Х	Х	X		Х

Work	ers' Com	pensa	ation	Pay	er Lis	st						
Edwards Claims Administration	Payer ID	TX Only			NY Only		All States	Professional Claims	Institutional Claims	Workers' Comp Only		ERA (835)
HIDALGO ISD	J1204	Х						х	х	х		х
HOWARD COUNTY	J1204	Х						х	х	х		х
HUDSPETH COUNTY	J1204	Х						Х	х	Х		х
HUFFMAN ISD	J1204	Χ						х	Х	Х		Х
JUNCTION ISD	J1204	Χ						Х	Х	Х		Х
KARNES CITY ISD	J1204	Х						х	Х	Х		Х
KENNEDALE ISD	J1204	Х						Х	Х	Х		Х
LA VERNIA ISD	J1204	Х						х	Х	Х		Х
LA VILLA ISD	J1204	Х						х	Х	Х		Х
LACKLAND ISD	J1204	Х						Х	Х	Х		Х
LAGO VISTA ISD	J1204	Х						Х	Х	Х		Х
LEVELLAND ISD	J1204	Х						х	Х	Х		Х
LEWISVILLE ISD SELF-INSURED	J1204	Х						Х	Х	Х		Х
LIBERTY-EYLAU ISD	J1204	Х						х	Х	Х		Х
MARBLE FALLS ISD	J1204	Х						Х	Х	Х		Х
MARLIN ISD	J1204	Х						Х	Х	Х		Х
MERCEDES ISD	J1204	Х						Х	Х	Х		Х
MEXIA ISD	J1204	Х						х	Х	Х		Х
MIDLAND COUNTY	J1204	Х						х	Х	Х		Х
MILLSAP ISD	J1204	Х						Х	Х	Х		Х
MISSION CISD	J1204	Х						Х	Х	Х		Х
MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT	J1204	Х						Х	Х	Х		Х
MOODY ISD	J1204	Х						Х	Х	Х		Х
MORTON ISD	J1204	Х						Х	Х	Х		Х
MULESHOE ISD	J1204	Х						Х	Х	Х		Х
NACOGDOCHES ISD	J1204	Х						Х	Х	Х		Х
NATALIA ISD	J1204	Х						Х	Х	Х		Х
NEW CANEY ISD	J1204	Х						Х	Х	Х		Х
NEW CANEY ISD SELF-INSURED	J1204	Х						Х	Х	Х		Х
PEARSALL ISD	J1204	Х						Х	Х	Х		Х
PERRYTON ISD	J1204	Х						Х	Х	Х		Х
PLAINS ISD	J1204	Х						Х	Х	Х		Х
PLEMONS-STINNETT-PHILLIPS CISD	J1204	Х						Х	Х	Х		Х
POOLVILLE I.S.D.	J1204	Х			1			Х	Х	Х		Х
POTH ISD POTTER COUNTY	J1204	X						X	X	X	-	Х
PSP CISD	J1204	X						X	X	X	-	X
RANDALL COUNTY	J1204	X	-	-				X	X	X	<u> </u>	X
RIVER ROAD ISD	J1204	X						X	X	X		X
SAN ANGELO ISD	J1204	X						X	X	X		X
SEMINOLE ISD	J1204	X						X	X	X		X
SILSBEE ISD	J1204	X	-	-				X	X	X	1	X
SLATON ISD	J1204	X						X	X	X		X
SNYDER ISD	J1204	X	-	-				X	X	X	<u> </u>	X
סויז טבא וסט	J1204	Х						Х	Х	Х		Х

V	Vorkers' Com	oensa	ation	Pay	er Li	st						
Edwards Claims Administration	Payer ID	TX Only	MN Only	CA Only	NY Only	WI Only	All States	Professional Claims	Institutional Claims	Workers' Comp Only		ERA (835)
SOMERSET ISD	J1204	Х						Х	Х	Х	1	Х
SOUTHLAND ISD	J1204	Х						Х	Х	Х	1	Х
SOUTHSIDE ISD	J1204	Х						Х	Х	Х	1	Х
SPEARMAN ISD	J1204	Х						Х	Х	Х		Х
SPRINGTOWN ISD	J1204	Х						Х	Х	Х		Х
STOCKDALE ISD	J1204	х						Х	х	Х		Х
STRATFORD ISD	J1204	х						Х	х	Х		Х
SUNRAY ISD	J1204	х						Х	х	Х		Х
TARRANT APPRAISAL DISTRICT	J1204	х						Х	х	Х		Х
UVALDE CISD	J1204	х						Х	х	Х		Х
WEATHERFORD ISD	J1204	х						Х	Х	Х		Х
WEIMAR ISD	J1204	х						Х	х	Х		Х
WHITE DEER ISD	J1204	х						Х	х	Х		Х
WHITEFACE CISD	J1204	Х						х	х	Х		х
YORKTOWN ISD	J1204	х						х	х	Х		Х

Worke	rs' Comp	oensa	ation	Pay	er Li	st						
REM Employer Name	Payer ID			CA		WI	All	Professional				ERA
CA ONLY BANCROFT NEUROHEAL	J1491	Only	Only	Only	Only	Only	States	Claims x	Claims	Comp Only X	Only	
137654 CALIFORNIA, INC.	J1491 J1491			X				X	X X	X		X X
4D'S. LP DBA GEORGIAN HOTEL	J1491			X				X	X	X		X
A J EDMUND COMPANY, INC.	J1491			X				X	X	X		X
A.W.S. CONSTRUCTION	J1491			X				X	X	X		X
ACCORD HUMAN RESOURCES OF CA	J1491			X				X	X	X		X
ACCORD HUMAN RESOURCES OF OKLA	J1491	х		^				X	X	X		Х
ACCURATE AIR SYSTEMS	J1491	X						X	X	X		X
ACME TRUCK PARTS	J1491	^		х				X	X	X		X
ADVANCE PAPER BOX COMPANY	J1491			X				X	X	X		Х
ADVANCED ENGINE MANAGEMENT, IN	J1491			X				X	X	X		Х
ADVANCED ENGINE WANAGEMENT, IN	J1491	\vdash		X				X	X	X	1	X
AEROSPACE SERVICE & CONTROLS	J1491			X				X	X	X		X
ALPHA PROPERTY MANAGEMENT, INC	J1491			Х				X	X	X		Х
AMERICAN TILE & BRICK VENEER	J1491			Х				X	X	X		Х
AMERICAN TOW & AUTO REPAIR (DB	J1491			Х				X	X	X		Х
ANGELO BROTHERS COMPANY-CA-	J1491			Х				X	X	X		Х
APPERSON PRINT MANAGEMENT (A C	J1491			Х				X	X	X		Х
ARCADIAN DEVELOPMENT, INC.	J1491			X				X	X	X		Х
ARDEN CLEELAND DBA AVRIL AGENC	J1491			Х				X	X	X		Х
ARROYO PARKWAY 76 & ATWATER 76	J1491			Х				X	X	X		Х
ARTEX MANUFACTURING COMPANY (A	J1491			Х				X	X	X		Х
AUDIO DIGEST FOUNDATION AND	J1491			Х				X	X	X		X
AUTO MARINE ENGINEERING, INC.	J1491			Х				Х	Х	х		х
AUTO OUTLET, INC.	J1491			Х				Х	Х	х		Х
AUTO-OWNERS INSURANCE COMPANY	J1556	Х	Х	Х				х	х	х	Х	х
B.B. KINGS BLUES CLUB & RESTAU	J1491			Х				Х	Х	х		х
BANK PLUS CORPORATION	J1491			Х				Х	х	х		х
BAS RECYCLING, INC.	J1491			Х				Х	х	х		х
BATLA FOOD GROUP INC.	J1491			Х				х	х	х		х
BEACON BAY ENTERPRISES, INC.	J1491			Х				х	х	х		Х
BEC ENTERPRISES INC.	J1491			Х				х	х	х		х
BELL TRUCKING CO INC	J1491			Х				х	х	х		Х
BEMUS LANDSCAPE INC.	J1491			Х				х	х	х		х
BERRY'S SAWMILL	J1491			Х				х	х	х		Х
BETTER CARE INCORPORATED	J1491			Х				х	х	х		Х
BOARD FORD INC	J1491			Х				х	х	х		Х
BOWSMITH, INC.	J1491			Х				х	х	х		Х
BRAKE PARTS SUPPLY & DISTRIBUT	J1491			Х				х	х	х		Х
BRINTNALL'S INC.	J1491			Х				х	х	х		Х
BRION CORPORATION	J1491			Х				х	х	х		х
BUILDERS SUPPLY OF PALM SPRING	J1491			Х				х	х	х		Х
BURLINGAME COUNTRY CLUB	J1491			Х				х	х	х		Х
BURROWS, INC.	J1491			Х				х	х	х		х

Worke	rs' Comp	ensa	ation	Pay	er Li	st						
REM Employer Name	Payer ID		MN			WI	All	Professional		Workers'		ERA
	•	Only	Only		Only	Only	States	Claims	Claims	Comp Only	Only	
C.P.P., INC.	J1491 J1491			X				X	Х	X		X
CACIQUE, INC. CALIFORNIA CHAMBER OF COMMERCE	J1491 J1491			X X				X	X	X		X
CALIFORNIA HI-TECH FLOORS, INC	J1491 J1491			X				X	X X	X X		X X
CALIFORNIA LINEN RENTAL COMPAN	J1491 J1491			X				X X	X	X		X
CARRIAGE MOTORS, INC.	J1491 J1491			X				X	X	X		X
CASTLE GROUP CALIFORNIA, INC.	J1491			X				×	X	X		X
CATANIA HIJAR CORPORATION	J1491			X				×	X	X		Х
CENTURY LIGHTING. INC.	J1491			X				X	X	X		X
CERTIFIED UNDERCAR PARTS. INC.	J1491			X				X	X	X		Х
CHECK INTO CASH CALIFORNIA, IN	J1491			Х				x	X	X		Х
CHINO AUTO PARTS (A CORPORATIO	J1491			Х				X	X	Х		Х
CHRISTIAN BROTHERS HIGH SCHOOL	J1491			Х				Х	х	Х		х
CHUBB & SON	J1554	Х	Х	Х				х	х	х	Х	х
CHUBB SERVICES	J1561	Х	Х	Х				х	х	х	Х	х
CINCINNATI INSURANCE	J1562							х	х	х	Х	
CLAUSEN ENTERPRISES INC.	J1491			Х				Х	х	х		х
CLEAN STEEL INC.	J1491			Х				Х	х	х		х
CLEUGH'S RHUBARB RANCH, INC.;	J1491			Х				Х	Х	Х		х
CLW PACIFIC, INC.	J1491			Х				Х	Х	Х		х
COMFORT SYSTEMS, USA	J1491			Х				х	х	х		х
COMMONWEALTH ENERGY CORPORATIO	J1491			Х				Х	Х	Х		х
COMMUNITY OPTIONS	J1491	Х						Х	Х	Х		Х
CONNEX TCT, LLC	J1491			Х				Х	Х	Х		Х
CONTINENTAL MAINTENANCE INDUST	J1491			Х				Х	Х	Х		х
COUNTY MOTOR PARTS COMPANY, IN	J1491			Х				Х	х	Х		х
CPE PEO INC. / DBA: CALIFORNIA	J1491			Х				Х	х	Х		Х
CRAFTSMAN OFFICE FURNITURE, IN	J1491			Х				Х	х	Х		Х
CREATIVE BENEFITS, INC.	J1491			Х				Х	Х	Х		Х
C-TAP, INC.	J1491			Х				Х	Х	Х		х
CTL ENVIRONMENTAL SERVICES	J1491			Х				Х	Х	Х		х
DAN'S LANDSCAPE SERVICE, INC.	J1491			Х				Х	Х	Х		Х
DANTEL INC.	J1491			Х				Х	Х	Х		Х
DEMKO, WILLIAM M. (AN IND)	J1491			Х				Х	Х	Х		Х
DENFRAN SYSTEMS, INC.	J1491			Х				Х	Х	Х		Х
DESERT VALLEY MEDICAL GROUP (A	J1491			Х				Х	Х	Х		Х
DESIGNS BY MARK	J1491			Х				Х	Х	Х		Х
DEW MANAGEMENT SERVICES INC	J1491	\vdash		Х				Х	Х	Х		Х
DIABLO HILLS GOLF ASSOCIATION,	J1491			Х				Х	Х	х		Х
DIAMOND W FLOOR COVERING, INC.	J1491	\vdash		Х				Х	Х	Х		Х
DINUBA LUMBER COMPANY (A CORP)	J1491			Х				Х	Х	Х		Х
DUFOUR, INC.	J1491			Х				Х	Х	Х		Х
DUPREE, INC.	J1491	\vdash		Х				Х	Х	Х		Х
DY DEE SERVICE OF PASADENA INC	J1491			Х				Х	Х	X		Х

Worke	rs' Com											
REM Employer Name	Payer ID				NY Only (All States	Professional Claims	Institutional Claims	Workers' Comp Only		ERA (835)
E.B. MANNING & SON INC.	J1491			Х	T	Τ		Х	х	х		х
E.H. SUMMIT, INC.	J1491			Х				Х	х	х		х
ECOLOGY AUTO WRECKING	J1491			Х				х	х	х		х
EL MACERO COUNTRY CLUB	J1491			Х				Х	Х	Х		Х
ELECTRICAL REBUILDERS SALES IN	J1491			Х				Х	Х	Х		х
ELITE LEATHER COMPANY	J1491			Х				Х	Х	Х		Х
EMCO FLUID SYSTEMS, INC.	J1491			Х				Х	х	х		Х
EMERGENCY PHYSICIANS MEDICAL G	J1491			Х				Х	Х	Х		Х
EMPI, INC.	J1491			Х				Х	Х	Х		Х
ENGEN ENTERPRISES INC.	J1491			Х				Х	Х	Х		Х
EQUITY HOTEL & SUPPLY COMPANY,	J1491			Х				Х	Х	Х		Х
ERNEST PAPER PRODUCTS, INC.	J1491			Х				Х	Х	Х		Х
EZELL NURSERY SUPPLY INC.	J1491			Х				Х	Х	Х		Х
FACILITY MASTERS, INC. (A CORP	J1491			Х				Х	Х	Х		Х
FAMILY TOYOTA, FAMILY HONDA	J1491			Х				Х	Х	Х		Х
FARMERS INSURANCE EXCHANGE (WC ONLY)	J1563	Х	Х	Х				Х	Х	Х		Х
FAST UNDERCAR - THOUSAND OAKS	J1491			Х				Х	Х	Х		Х
FEATHER RIVER WOOD & GLASS	J1491			Х				Х	Х	Х		Х
FELIX MANUFACTURING COMPANY, I	J1491			Х				Х	Х	Х		Х
FERRARI, DAN (AN INDIVIDUAL)	J1491			Х				Х	Х	Х		Х
FORECAST GROUP L.P.	J1491			Х				Х	Х	Х		Х
FREEMAN, RAYMOND K.	J1491			Х				Х	Х	Х		Х
FRIANT AND ASSOCIATES LLC	J1491			Х				Х	Х	Х		Х
FULLER THEOLOGICAL SEMINARY (A	J1491			Х				Х	Х	Х		Х
G L VENEER COMPANY INC.	J1491			Х				Х	Х	Х		Х
GARRISON, MIKE (AN INDIVIDUAL)	J1491			Х				Х	х	Х		Х
GATEWAY LEARNING CORPORATION	J1491			Х				X	X	X		X
GE AUTO	J1557	Х	Х	Х				х	Х	Х	Х	Х
GLENDALE ASSOCIATES LTD	J1491			Х				Х	х	Х		Х
GLENDALE FOOD SERVICE INC. GOMEZ, JOSE LUNA	J1491 J1491			Х				X	X	X		X
GRASS VALLEY FORD, LINCOLN, ME	J1491 J1491			Х				X	X	X		X
GREATER SAN DIEGO AIR CONDITIO	J1491 J1491	-		X				X	X	X		X
GRIFFIN PRODUCE INC.	J1491 J1491	-		X				X X	X	X		X
H R N SERVICES, INC.	J1491 J1491			X				X	X X	X X		X X
H. L. HEGGSTAD, INC.	J1491 J1491			X		\dashv		X	X	X		X
H.J. COMPANY	J1491 J1491			X		+		X	X	X		X
H.P DEVELPMENT INC.	J1491			X	-	-		X	X	X		X
H.P. ENVIROVISION INC	J1491	х		^	- 	-+		X	X	X		X
HAGEN-RENAKER, INC.	J1491	^		Х	-	-		X	X	X		X
HAIGHT, BROWN & BONESTEEL	J1491			X	-+	-+		X	X	X		X
HARALAMBOS BEVERAGE COMPANY	J1491 J1491			X	-+	\dashv		X	X	X		X
HARBOB SOUTHERN, INC.	J1491			X	- 	-+		X	X	X		X
HAWTHORNE FINANCIAL CORPORATIO	J1491			X				X	X	X	1	X
HAW THORIGE FINANCIAL CONFORMIO	01401			^				^	^	_ ^		^

Worke	rs' Comp	ens	ation	Pay	er Li	st						
REM Employer Name	Payer ID		MN			WI	All	Professional				ERA
HEALTHCARE MANAGEMENT SYSTEMS,	J1491	Only	Only		Only	Only	States	Claims	Claims	Comp Only	Only	
HIGGINS BRICK COMPANY	J1491 J1491			X				X X	X X	X X		X X
HOMEXX INTERNATIONAL CORPORATI	J1491			X				X	X	X		X
HOSPITAL HOUSEKEEPING SYSTEMS	J1491			X				X	X	X		X
HOUCK, GREGORY (PARTNER); WINN	J1491			X				X	X	X		X
HOUSTON STEAK DELIVERY #1 LLC	J1491	х		^				X	X	X		X
HUGHES REDWOOD COMPANY, INC.	J1491	^		Х				X	X	X		Х
HYDROFORM - U.S.A. INC.	J1491			X				X	X	X		Х
IDEAL AUTO PARTS, INC.	J1491			X				X	X	X		X
IMPERIAL VALLEY LUMBER COMPANY	J1491			X				X	X	X		Х
INNOVATIONS SUCCESSFUL SALON S	J1491			Х				X	X	X		Х
INTERNATIONAL BAY CLUBS INC	J1491			X				X	X	X		Х
INVENTORY CONTROL SYSTEM	J1491			X				X	X	X		Х
IOM HOLDINGS,INC (A CORPORATIO	J1491			X				X	X	X		X
J T CONTRACTORS, INC.	J1491			Х				X	х	х		х
J.C. WATTENBARGER & SONS, INC.	J1491			Х				X	X	X		X
JANICO BUILDING MAINTENANCE CO	J1491			Х				X	х	х		Х
JCV TACOS INC.	J1491			Х				Х	х	х		Х
JERRY SOLOMON ENTERPRISES INC.	J1491			Х				X	X	х		Х
JOHNSON, LARRY (AN INDIVIDUAL)	J1491			Х				Х	х	х		х
KEISER (A CORP)	J1491			Х				х	х	х		х
KORDYE TURNER & CO., INC.	J1491			Х				Х	х	х		х
KRIEGER, BERTIE (AN INDIVIDUAL	J1491			Х				Х	х	х		х
KURT BOHMER PLUMBING, INC.	J1491			Х				х	х	х		Х
KURTZ FINAN AUTO SUPPLY, INC.	J1491			Х				х	х	х		Х
KUSTOM FIT MANUFACTURING COMPA	J1491			Х				х	х	х		Х
LATICRETE INT'L INC.	J1491			Х				х	х	х		х
LEDTRONICS, INC.	J1491			Х				х	х	х		х
LEISURE WORLD UNION 76, INC.	J1491			Х				Х	х	Х		Х
LIGHTS OF AMERICA INC	J1491			Х				Х	Х	Х		х
LODGING DEVELOPEMENT AND MANAG	J1491	Х						Х	Х	Х		Х
LOS ALTOS GOLF & COUNTRY CLUB	J1491			Х				Х	Х	Х		Х
LUNDEEN PACIFIC CORPORATION	J1491			Х				Х	х	Х		Х
MADISON RESEARCH CORPORATION	J1491			Х				Х	Х	Х		Х
MAINTENANCE PACESETTERS INC.	J1491			Х				Х	Х	Х		Х
MALLIS ASSOCIATES INC.	J1491			Х				Х	Х	Х		Х
MANIGLIA LANDSCAPE INC.	J1491			Х				Х	Х	Х		х
MARFIELD COMPANY INC	J1491			Х				Х	х	Х		Х
MARIN RADIOLOGY GROUP	J1491			Х				Х	х	х		х
MARKRIST ENGINEERS	J1491			Х				Х	Х	Х		Х
MAXSYS TECHNOLOGIES CORPORATIO	J1491			Х				Х	Х	Х		Х
MCGEE ELECTRIC, INC.	J1491			Х				Х	Х	Х		Х
MEYLING, ALBERT (AN INDIVIDUAL	J1491			Х				Х	Х	Х		х
MICHAEL MCELROY D/B/A	J1491			Х				Х	Х	Х		Х

Worke	rs' Comp	oensa	ation	Pay	er Li	st						
REM Employer Name	Payer ID	TX		CA		WI	All	Professional				ERA
	,		Only	Only	Only	Only	States	Claims	Claims	Comp Only	Only	
MISSION CORPS INTERNATIONAL IN	J1491	Х						X	X	X		Х
MISSION ORGANICS	J1491 J1491			X				X	X	X		X
MOFFATT CONTRACTING,INC MONARCH PLUMBING COMPANY, INC.	J1491 J1491			X				X	X	X		X
MORENO VALLEY PONTIAC	J1491 J1491			X				X X	X	X X		X X
MOTHER'S NUTRITIONAL CENTER, I	J1491 J1491			X				X	X	X		X
MRH ENTERPRISES	J1491 J1491			X				X	X	X		X
NATEL ENGINEERING COMPANY INC.	J1491			X				X	X	X		X
NATIONAL MAINTENANCE INC.	J1491	х		^				X	X	X		X
NELSON NAMEPLATE COMPANY INC	J1491	^		Х				X	X	X		X
NEW CENTURY AUTO GROUP	J1491			X				X	X	X		X
NIA HEALTH CARE SERVICES (A CO	J1491			X				X	X	X		X
NICKOLAS ENVIRONMENTAL	J1491	х						X	X	X		X
NORTH AMERICAN VIDEO CORP.	J1491	^		Х				X	X	X		X
NUMERO UNO MARKET INC.	J1491			X				X	X	X		Х
OAKWOOD INTERIORS INC	J1491			X				X	X	X		Х
ONE STOP BRAKE SUPPLY SANTA AN	J1491			X				X	X	X		Х
ONE STOP UNDERCAR RIVERSIDE, I	J1491			X				X	X	X		X
ONTARIO METAL RECYCLING INC	J1491			X				X	X	X		X
ONYX ACCEPTANCE CORPORATION	J1491			X				X	х	X		x
ORIGINAL SID BLACKMAN PLUMBING	J1491			X				X	х	X		x
OSI SYSTEMS INC.	J1491			Х				X	х	X		x
P.J. CAL #1. INC.	J1491			Х				X	X	х		Х
PACIFIC DATA ELECTRIC, INC.	J1491			Х				Х	х	х		х
PALLET DEPOT	J1491			Х				Х	х	х		х
PALO ALTO HILLS GOLF & COUNTRY	J1491			Х				х	х	х		х
PARK MANAGEMENT GROUP, INC.	J1491	Х						Х	х	х		х
PASTABRAVO RESTAURANTS, INC.	J1491			Х				х	х	х		х
PDQ AUTOMATIC TRANSMISSION PAR	J1491			Х				х	х	х		Х
PENINSULA PONTIAC GMC BUICK	J1491			Х				х	х	х		х
PETRO-CHEM INDUSTRIES INC	J1491			Х				х	х	х		х
POLY PAK AMERICA, INC.	J1491			Х				Х	Х	Х		Х
POMEROY INVESTMENTS INC.	J1491			Х				х	х	х		х
POOL WATER PRODUCTS	J1491			Х				х	х	х		х
POPLUAR TEXTILE CORP. / POP ST	J1491			Х				Х	х	Х		Х
PORTEOUS FASTENER COMPANY	J1491			Х				Х	Х	Х		Х
PRESTON HOLMES, INC.	J1491			Х				Х	Х	Х		Х
PROMPT FOOD SERVICE, INC.	J1491			Х				Х	Х	Х		Х
PURE FILL CORPORATION	J1491			Х				Х	Х	Х		Х
QAD, INC.	J1491			Х				Х	Х	Х		Х
QUICK-CROFT, INC.	J1491			Х				Х	Х	Х		Х
R KIDS TIRE AND SERVICE, INC.	J1491			Х				Х	Х	Х		Х
R.A. PHILLIPS INDUSTRIES INC.	J1491			Х				Х	Х	Х		Х
RABB BROTHERS TRUCKING, INC	J1491			Х				Х	Х	Х		х

Worke	rs' Com	oensa	ation	Pay	er Li	st						
REM Employer Name	Payer ID			CA		WI	All	Professional	Institutional	Workers'	Auto	ERA
		Only	Only		Only	Only	States	Claims	Claims	Comp Only	Only	
RAMONA MANOR CONVALESCENT HOSP	J1491			Х				Х	Х	Х		Х
RAYPAK, INC.	J1491 J1491			X				Х	Х	Х		Х
REDNAB INC.	J1491 J1491			X				X	X	X		Х
REESER ENTERPRISES INC.	J1491 J1491			Х				X	X	X		X
RELIABLE SERVICES, INC. RELIANCE BUILDING SERVICES INC	J1491 J1491			X				X	X	X		X
RICK HITCH PLASTERING (A CORPO	J1491 J1491			X				X	X	Х		X
ROBERT MANN PACKAGING, INC. (A	J1491 J1491			X				X X	X X	X X		X X
ROTHENBERGER USA INC. (A	J1491 J1491			X				X				X
ROUNTREE PLUMBING & HEATING. I	J1491 J1491			X				X	X	X X		l —
SACRAMENTO I.B.S.,INC.	J1491			X				X	X X	X		X X
SAN FRANCISCO BATTERY, INC.	J1491			X				X	X	X		X
SANTA FE EXTRUDERS, INC.	J1491 J1491			X				X	X	X		X
SATELLITE DIALYSIS CENTERS, IN	J1491			X				X	X	X		X
SECURA INSURANCE A MUTUAL COMPANY	J1379			^				×	×	^		
SERENDIPITY LAND YACHTS	J1491			Х				X	X	х		Х
SHEPPARD, MULLIN, RICHTER & HA	J1491			X				X	X	X		X
SITE STUDIOS INC.	J1491			Х				X	X	X		Х
SMALL WORLD TOYS	J1491			X				X	X	X		Х
SMITH EMERY COMPANY	J1491			Х				X	X	X		Х
SMITHCARE, INC.	J1491			Х				Х	х	x		Х
SOL'S BRAKE SUPPLY LLC	J1491			Х				Х	Х	X		Х
SOS METALS INC.	J1491			Х				Х	X	X		х
SPECIALTY TEAM PLASTERING, INC	J1491			Х				Х	х	Х		х
SPRING AIR CALIFORNIA/DELUXE B	J1491			Х				х	х	х		х
STANLEY PEST CONTROL, INC S	J1491			Х				х	х	х		Х
STATE FUND MUTUAL	J1553	Х	Х					Х	Х	х	Х	х
STATE OF MINNESOTA – DOER	J1555	Х	Х	Х				х	Х	х	Х	х
STRIKO DYNARAD CORPORATION	J1491			Х				х	х	х		х
STYLES FOR LESS CORP. (CA ONLY	J1491			Х				Х	Х	Х		Х
SURFACE MOUNT DISTRIBUTION (A	J1491			Х				Х	Х	Х		Х
SURFACE PROTECTION INDUSTRIES	J1491			Х				Х	Х	Х		Х
TALBERT MEDICAL GROUP	J1491			Х				Х	Х	Х		Х
TARGET MEDIA PARTNERS, ET AL	J1491			Х				X	х	Х		Х
TEMPO INDUSTRIES, INC. (A CORP	J1491			Х				Х	Х	Х		Х
THE GARLIC COMPANY (A PARTNERS	J1491			Х				Х	х	Х		Х
TIM'S AUTO PAINT & SUPPLY, INC	J1491			Х				Х	х	Х		Х
TOMCO AUTO PRODUCTS, INC.	J1491			Х				х	х	х		Х
TOMDAN ENTERPRISES	J1491			Х				Х	х	х		Х
TOM'S TRUCK CENTER, INC.	J1491			Х				Х	х	х		Х
TOTAL PLUMBING HEATING & AIR	J1491			Х				Х	Х	х		Х
TRANS VALLEY TRANSPORT	J1491			Х				Х	Х	х		Х
TRANSPACIFIC DEVELOPMENT COMPA	J1491			Х				Х	Х	х		Х
TRI VALLEY ORTHOPEDIC & SPORTS	J1491			Х				Х	Х	Х		Х

Worke	rs' Comp	ensa	ation	Pay	er Li	st					
REM Employer Name	Payer ID	TX Only	MN Only	CA Only	NY Only	WI Only	All States	Professional Claims	Institutional Claims	Workers' Comp Only	ERA (835)
TRUE WORLD FOODS, INC. (A CORP	J1491			Х				Х	х	х	Х
U. S. WIRELESS CORPORATION	J1491			Х				Х	х	Х	Х
UNITED EL SEGUNDO, INC.	J1491			Х				х	х	х	Х
UNITED SURGICAL PARTNERS INTER	J1491	Х						Х	х	Х	Х
UNIVERSAL FLOORING SYSTEMS, I	J1491			Х				Х	х	Х	Х
VALHALLA BUILDERS & DEVELOPERS	J1491			Х				Х	Х	Х	Х
VALLEY FIG GROWERS INC	J1491			Х				Х	х	Х	Х
VEG LAND INC., ET AL	J1491			Х				Х	х	Х	Х
VEGTABLE GROWERS SUPPLY INC	J1491			Х				х	х	Х	Х
VERCO MANUFACTURING, INC., (PA	J1491			Х				Х	х	Х	Х
VICRO-MAC	J1491			Х				Х	х	Х	Х
VICTORIA TIRE CENTER, INC.	J1491			Х				Х	х	Х	Х
VILLA MARINA UNOCAL, INC.	J1491			Х				Х	х	Х	Х
VIP MOTOR CARS LTD.	J1491			Х				Х	х	Х	Х
W.E. BEHEL, INC.	J1491			Х				Х	х	х	Х
W.T. BILLARD, INC.	J1491			Х				Х	х	Х	Х
WALTER ANDERSON PLUMBING, INC.	J1491			Х				Х	х	Х	Х
WCP, INC.	J1491			Х				Х	х	Х	Х
WESSEX INDUSTRIES, INC.; HEALD	J1491			Х				Х	х	Х	Х
WESTERN GOLF PROPERTIES, INC.	J1491			Х				Х	х	Х	Х
WIDDICOMBE ENTERPRISES INC.	J1491			Х				Х	х	Х	Х
WILSON & HAMPTON PAINTING CONT	J1491			Х				Х	Х	Х	Х
WOMEN'S HEALTHCARE ASSOCIATES	J1491			Х				Х	Х	Х	Х
WOODMONT REAL ESTATE SERVICES	J1491			Х				Х	Х	Х	Х