



Managed Care List

Alabama
Genzyme Genetics
MC Info Line: (888) 202-1675
Last Update: July 1, 2010
(Information Subject to Change)

Provider TIN #: 061047163

beside Plan Name indicates unique provider number

Plan Name

ACS - Ancillary Care Services*	IHP - Integrated Health Plan*
Aetna 5121562	Interplan Health Group (IHG)*
Aetna HMO 859858	Mail Handlers/Coventry National Network
American CareSource*	MDI healthcare Solutions
American Medical Security/UnitedHealthcare	MDM - Medical Diagnostic Management.*
AmeriChoice/UnitedHealthcare	Medicaid of Alabama (excludes Genetic Counseling)
Beech Street*	Medical Partners of America (MPA)
Benefit Panel Services (BPS)	Medicare
Blue Advantage (BCBS Alabama Medicare Advantage PPO)	Midwest Security/United Healthcare
Blue Cross Blue Shield of Alabama	Mississippi Physicians Care Network*
CHA - Corporate Health Admin.*	Multiplan*
CHAMPUS	National Provider Network*
ChoiceCare Network*	NPPN - National Preferred Provider Network*
CIGNA Healthcare 6687483	PacifiCare/UnitedHealthcare
Consolidated Association of Railroad Employees*	PHCS*
Coventry Health Care (National Network product only)	PHS(+)- Prime Health Services, Inc.*
Definity Health Plan/UnitedHealthcare	PPO Next (formerly HealthStar)
DirectCare America	PPO USA
EHN - Employers Health Network*	Preferred Health Network (PHN)
Evercare/UnitedHealthcare	ProAmerica Managed Care*
Evolutions Healthcare Systems	PRONET - Provider Networks of America*
First Health Network	PSI - Provider Select, Inc.*
FPN-Fortified Provider Network	Secure Horizons by UnitedHealthcare
Galaxy Health Network	Select Providers PPO ANC-00-0172
GEHA (through PPO USA network only)	Three Rivers Provider Network*
Golden Rule/UnitedHealthcare	Tricare 061047163
Great-West Healthcare/Cigna	Unicare
Health Net	UnitedHealthcare
HealthSmart Preferred Care (HSPC)*	USA Health Network*
HealthStar, Inc. (PPO Next)	
Humana	

Participating provider with all products, including HMO, unless otherwise noted. Ask about other contracts in your area.

Genzyme Genetics will bill your patients for any applicable co-pay, deductible, co-insurance or non-covered services as directed by the patient's plan.

* Group/Employer/TPA Name and Number must be provided when submitting Genzyme Genetics requisition.

** Out of Network or Secondary Network Benefits May Apply

For the latest list go to Managed Care Organizations on
www.genzymegenetics.com