



Managed Care List

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

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