



Managed Care List

Oklahoma
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

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| ACS - Ancillary Care Services* | IHP - Integrated Health Plan* |
| Aetna 5121562 | Interplan Health Group (IHG)* |
| Aetna HMO 859858 | Mail Handlers/Coventry National Network |
| American CareSource* | MDM - Medical Diagnostic Management.* |
| American Medical Security/UnitedHealthcare | Medicaid of Oklahoma (excludes Genetic Counseling) |
| AmeriChoice/UnitedHealthcare | Medicare |
| Beech Street* | Midwest Security/United Healthcare |
| Benefit Panel Services (BPS) | Multiplan* |
| Blue Cross Blue Shield of Oklahoma (BlueCard PPO only)** | National Provider Network* |
| CHA - Corporate Health Admin.* | NPPN - National Preferred Provider Network* |
| CHAMPUS | Oklahoma Health Alliance PPO/EPO |
| ChoiceCare Network* | Oklahoma Health Network (OHN)* |
| 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) | Sisters of St. Mary |
| Golden Rule/UnitedHealthcare | Three Rivers Provider Network* |
| Great-West Healthcare/Cigna | Tricare 061047163 |
| Health Net | Unicare |
| HealthChoice OK (OSEEGIB) | 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.genzyme genetics.com