



# Managed Care List

Oregon  
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*	Mail Handlers/Coventry National Network
Aetna 5121562	MDM - Medical Diagnostic Management.*
Aetna HMO 859858	Medicaid of Oregon (excludes Genetic Counseling)
American CareSource*	Medicare
American Medical Security/UnitedHealthcare	Midwest Security/United Healthcare
AmeriChoice/UnitedHealthcare	Multiplan*
Beech Street*	National Provider Network*
Benefit Panel Services (BPS)	NPPN - National Preferred Provider Network*
CHA - Corporate Health Admin.*	ODS Health Plan PPO/POS
CHAMPUS	Oregon Health Plan (excludes Genetic Counseling)
ChoiceCare Network*	PacifiCare/UnitedHealthcare
CIGNA Healthcare 6687483	PacificSource*
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	Providence Health Plan EPO/PASO
FPN-Fortified Provider Network	PSI - Provider Select, Inc.*
Galaxy Health Network	Regence Blue Cross Blue Shield of Oregon (BlueCard PPO only)**
GEHA (through PPO USA network only)	Secure Horizons by UnitedHealthcare
Golden Rule/UnitedHealthcare	Select Providers PPO ANC-00-0172
Great-West Healthcare/Cigna	Three Rivers Provider Network*
Health Net	Tricare 061047163
HealthSmart Preferred Care (HSPC)*	Unicare
HealthStar, Inc. (PPO Next)	UnitedHealthcare
Humana	USA Health Network*
IHP - Integrated Health Plan*	
Interplan Health Group (IHG)*	

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](http://www.genzyme genetics.com)