



# Managed Care List

Utah  
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 Utah (Reproductive Services only excluding Genetic Counseling)
American CareSource*	Medicare
American Medical Security/UnitedHealthcare	Midwest Security/United Healthcare
AmeriChoice/UnitedHealthcare	Molina Healthcare Medicaid HMO
Beech Street*	Multiplan*
Benefit Panel Services (BPS)	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	Public Employees Health Programs HMO, PPO (PEHP)
First Health Network	Regence Blue Cross Blue Shield of Utah (BlueCard PPO only)**
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 Management Network*	UnitedHealthcare
Health Net	USA Health Network*
HealthSmart Preferred Care (HSPC)*	
HealthStar, Inc. (PPO Next)	
Humana	
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