



EPO Plan

Group: SF000002

Member: MEMBER NAME

Member ID: 999999999

Medical Plan

mysmarthealth.org

Plan information

Deductible*	In-Network	Out-of-Network
Individual	\$500	No Benefit
Family	\$1,000	No Benefit
Out-of-Pocket Max*		
Individual	\$4,500	No Benefit
Family	\$9,000	No Benefit

*Medical and Prescription Drug Combined

Medical claims submission

EDI Payor ID # 38259

Mail all Ascension Network
SmartHealth provider claims to:
P.O. Box 37705
Oak Park, MI 48237-7705

Utilization

Any non-emergency service performed outside of the Ascension Network will be considered out-of-network and not covered. If a service is unavailable in the Ascension Network, Ascension Network providers must submit a referral to SmartHealth for approval, prior to services being rendered. Failure to obtain approval for a referral or prior authorization (PA) will result in denial of claim. To view all services that require PA, referral, referral forms and more, visit mysmarthealth.org.

Customer service

SmartHealth Customer Service:
888-492-6811

Rx Customer Service: 888-820-4082

To view your current medical deductible and out-of-pocket amounts, download the Ascension SmartHealth app.

Eligibility

Clinicians: Eligibility, claims status and benefits can be obtained by calling our 24/7 automated fax back system at (888) 494-4600.

This card does not guarantee
eligibility or payment.