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610241 Date: January 1, 2017 Plan Name/Group Name PCN Refer to Member ID Card HPMMCD (Medicaid)

2017 Payer Sheet
NCPDP Version DMeridianRx
SentinelRx 2017 Payer
Sheet (Revised 5/2017)
BIN Information
Payer/Processor Name
BIN Number Effective
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as of NCPDP Version SentinelRx 018803 1/1/2017 D.0 PCN List for BIN 018803 SentinelRx PCN Plan/Group Group ID Line of Business Description RXMCDP Refer to member ID card Refer to member ID card Medicaid Refer to member ID card for

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NCPDP Version D-MeridianRx
2017 Payer Sheet
NCPDP Version D.0
For all MEDICARE
serviced plans Version
1.0 for 2017 Release
Date: April 3, 2017
Effective Date: January
1, 2017

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SHEET TEMPLATE MeridianRx
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MeridianRx Other versions supported: NCPDP 5.1

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ALL PLANS BIN: 020040 PCN: *N/A. *FOR COMMUNITY HEALTH NETWORK ONLY USE PCN: AE7271. Plan Name/Group Name: ALL TEST CLAIMS BIN: 020040 PCN: N/A.

NCPDP Version D.0
Payer Sheet
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Prescription Drug Programs, Inc. 2Ø1Ø NCPDP" WYOMING MEDICAID NCPDP VERSION D.Ø PAYER SHEET REQUEST **CLAIM** BILLING/CLAIM REBILL ** Start of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet ** GENERAL **INFORMATION Payer** Page 20/34

Name: Wyoming Department of Health Date: July 12, 2017

NCPDP PAYER SHEET TEMPLATE -**Customer Support** Other versions supported: NCPDP 5.1 **Telecommunication** Standard supported until 1/1/2Ø12. Refer to version 5.1 payer sheet. OTHER Page 21/34

TRANSACTIONS SUPPORTED Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction. Transaction Code Transaction Name

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SHEET TEMPLATE OptumRx
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Please list each transaction supported with the segments, fields, and pertinent information on each transaction. Transaction Code Transaction Name

NCPDP PAYER
SHEET - Montana
2 v.2. 01/19/2017 1.
NCPDP VERSION D
CLAIM BILLING 1.1
REQUEST CLAIM
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BILLING GENERAL **INFORMATION** Payer Name: Ramsell **Corporation Date:** January 2016 Plan Name/Group Name: SEE APPENDIX BIN: SEE APPENDIX PCN: SEE APPENDIX Processor: OptumRx Effective as of: July 23, 2015 NCPDP Telecommunication Standard Page 26/34

Version/Release #: D.0 NCPDP Data Dictionary Version Date: October 201 2 NCPDP External Code ...

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Telecommunication standard d.0 payer sheet 1.0 1/1/2017 Payer Sheet for 2017 ... MeridianRx 2020 Payer Sheet v1 (Revised 9/1/2020) NCPDP Page 27/34

Version D.0 Claims Billing Template Request Claim Billing Payer Sheet Template Start of Request Claim Billing (B1) Payer Sheet General Information Payer Name: MeridianRx BIN: 610241 Date: January 1, 2020

2020 Payer Sheet NCPDP Version D-Page 28/34

MeridianRx pdp Effective as of: April 1, **2017 NCPDP** Telecommunication Standard Version/Release #: D.Ø NCPDP Data Dictionary Version Date: July 2ØØ7 NCPDP External Code List Version Date: October 2Ø11 Contact/Information Source: 1-877-463-7671, Page 29/34

1-515-256-46Ø8 (local)

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Department of Health
Care Services (DHCS)
Fiscal Intermediary (FI)
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Version 5.4 May 2019 2 CLAIM BILLING TRANSACTION The following lists the segments and fields in a Request Claim Billing Transaction for NCPDP **Telecommunication** Standard Implementation Guide Version D.Ø.

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