



Claims Instructions

Instructions for submitting claims on behalf of a Redirect Health Member on the Multiplan PHCS Network:

Providers

1. Mail* CMS-1500 claim form to:

Redirect Health Administration – Attn: Practitioner Claims
13430 N. Scottsdale Rd., Suite 100
Scottsdale, AZ 85254

Facility/Hospital

1. Mail* UB-04 / CMS-1450 claim form to:

Redirect Health Administration – Attn: Hospital Facility Claims
13430 N. Scottsdale Rd., Suite 100
Scottsdale, AZ 85254

Labcorp Bills Only:

1. Please bill Redirect Health Account number 02012650

Clean claims are expected to be paid in 30-45 days.
Email Claims@RedirectAdmin.com to check claim status.

***Electronic submission not available at this time.**