Provider QuickConnect

Your quick route to answers, approvals, and support

Key Contacts & Access Points		
Topic	**Contact / Access**	**Required Information**
Eligibility & Benefits	• Member Search • 855.499.3232, Select option: Eligibility Verification	Member ID, date of birth, date of service
Prior Authorization	• Phone: 855.499.3232 • Fax: 313.217.2040	CPT/HCPCS, diagnosis, clinical records, servicing provider
Claims	• **Electronic Claims Submission** Payer ID: 29094 Payer Name: SGRX • **Paper claims address** SGRX P.O. Box 36171 Grosse Pointe Farms, MI 48236	Claim number, member ID, date of service
Appeals	• medicalappeals@sgrxhealth.com • fax: 313.217.9736	Decision notice, supporting records, rationale
Provider Network Management	• Phone: 855.499.3232 • Provider.network@sgrxhealth.com	NPI/TIN, practice name, reference number
Preferred Providers	• Outpatient Laboratory Services: JVHL • Vision: SVS Vision • Dental: DenCap	
Join Provider Network	• Complete Provider Network Application • Send completed application to Provider.Credentialing@sgrxhealth.com	All necessary primary source verification documentation
Provider Portal, Provider Manual, Forms	healthchoice@sgrxhealth.com	

The 4-Step Provider Path

1. **Verify** eligibility, network status, benefits, and coordination of benefits for the date of service.
2. **Check** authorization and referral requirements; document the confirmation or reference number.
3. **Submit** complete claims using payer ID 29094 within 365 days of the date of service; attach required documentation.
4. **Track** {COMING SOON} status claims in the portal, request authorization and follow appeal status.

Essential Reminders
• Authorization **does not** guarantee payment. • There is a plan **benefit limit of 30 inpatient days** in a calendar year. • Follow plan rules, coding guidance, and **timely filing limits**. • For emergencies, direct **members to 911 or the nearest emergency department**. • **Protect member information** in all communications.

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