

2025

Providers' Quick Reference Guide



Important Contact Information

 Visit us on the web at myzinghealth.com.

Department	Phone Number	Fax	Email
Member Services	1-866-946-4458 (TTY: 711) Mon.-Fri., 8 a.m.-5 p.m.	1-312-239-8304	member.services@myzinghealth.com
Pharmacy	1-866-946-4458		
Behavioral Health	1-833-946-4458	1-844-946-4458	prior_auth@myzinghealth.com
Prior Authorization	1-833-946-4458	1-844-946-4458	prior_auth@myzinghealth.com
Appeals	1-866-946-4458	1-844-917-4458	appeals@myzinghealth.com

Zing Health Prior Authorization

A list of tests, procedures, and services requiring prior authorization is available on our website: [Authorization Request Form Provider Instructions and Form.pdf \(myzinghealth.com\)](#).

Delegated Vendor

Wellsky

Request Prior Authorization from WellSky for the following services:

- Home Health
- Inpatient Rehab Facility (IRF)
- Long-Term Acute Care Hospital (LTACH)
- Skilled Nursing Facility (SNF)

Phone: 1-855-739-0742

Fax: 1-877-673-8784

Email: PACAdvanceSupport@Wellsky.com

URL Portal Access:

<https://providerresourcecenter.com/zing>

Vendor Contact Information

Vendor	Phone Number
Liberty Dental (dental benefits)	1-866-946-4458
EyeMed (vision benefits)	1-866-946-4458
NationsHearing (hearing benefits)	1-877-391-8637
American Specialty Health (ASH) Silver&Fit (fitness benefits)	1-877-427-4788
CVS (pharmacy benefits)	1-855-476-6993
NationsOTC (over-the-counter benefits)	1-866-946-4458
MD Live (telehealth benefits)	1-800-657-6169
24/7 nurse advice line	1-855-494-6877

Claims

Timely filing notice: Timely filing is 365 days from the date of service or the date of discharge unless otherwise specified in the provider agreement.

EDI Trading Partner - Availity

Check eligibility, submit claims, and check claims status

Payor: Zing Health

Payor ID: 83248

1-800-AVAILITY

Clearinghouse Connectivity: Zing Health has partnered with Availity as its preferred EDI clearinghouse. You may connect directly with Availity. In some cases, your existing clearinghouse, billing service, or trading partner may have existing reciprocal agreements with Availity.

Medical and Behavioral Health Claims



Paper Submissions

Zing Health
P.O. Box 240599
Apple Valley, MN 55124



Electronic Submissions

EDI Trading Partner - Availity
availity.com/edclearinghouse

Submitting Corrected Claims



Paper Submissions

Attn: Claims
Zing Health
P.O. Box 240599
Apple Valley, MN 55124




Claim Payment Disputes

Attn: Claim Payment Dispute
Zing Health
Fax: 1-844-918-4458
Email: provider.services@myzinghealth.com

Timeframe: Corrected claims should be submitted within 60 days from the date of the Explanation of Payment (EOP).

Timeframe: Provider claim disputes should be submitted within 60 days from the date of the Explanation of Payment (EOP).

Sample Medical ID Card (varies by plan)

 Zing HEALTH™	Contract: HXXXX PBP: XXX	Customer Service: Members, Providers, Dental, Vision and Hearing 1-866-946-4458 TTY/TDD: 711 Help Desk: 1-866-693-4620 Fonemed (24/7 Nurse Hotline) 1-855-494-6877	MD Live (TeleHealth) 1-800-657-6169 Payer ID Number: 83248 Medical Paper Claims Zing Health P.O. Box 240599 Apple Valley, MN 55124
Plan Name A Medicare Health Plan with Prescription Drug Coverage	Member: First & Last Name Member ID#: Z0000000XX Effective Date: XX/XX/XXXX PCP: Last Name, First Name PCP Phone: 1-XXX-XXX-XXXX	RxBIN: XXXXXX RxPCN: XXXXX RxGRP: XXXXXXXXXXXX RxID: XXXXXX	Pharmacy Providers Help Desk: 1-866-693-4620 eye MED CVS caremark nations hearing MultiPlan LIBERTY DENTAL PLAN
Copays: PCP: \$0 Spec: \$XX-\$XX Emergency Room: \$XXX If Member has full Medicaid, no balance billing	MedicareRx Prescription Drug Coverage	www.myzinghealth.com	



MyZingHealth.com

