

CLAIM SUBMISSION & INQUIRY

SUBMISSION:

Provider may submit claims electronically through a clearinghouse, or by paper.

- Per AB 1455 regulations, Provider must submit claims within 90 days after the Date of Service as a condition for payment, unless the Agreement provides for a longer time frame and except as otherwise required or permitted by any state or federal law or regulation.
- Provider may use a clearinghouse that may be associated with a billing service or through their practice software.
- CPMG/RCHN does have a business relationship with Office Ally (866-575-4120 or info@officeally.com) who will submit electronic claims at no charge to CPMG/RCHN's contracted Providers. For contact information, please call Provider Services.
- The payor ID for CPMG/RCHN with Office Ally is RCHN1.
- For paper claims please send to:

**Children's Physicians Medical Group/Rady Children's
Health Network
Attn: Claims Department
P.O. Box 23076
San Diego, CA 92123**

INQUIRY:

Provider may check claim status:

- At EZ Net.rchsd.org. If you do not have EZ Net access, a user access Request form is required.
The EZ Net user access request form is in the "FORMS" section of this manual and is also available in the **Claims** section at the CPMG web site www.CPMGSanDiego.com
- Call CPMG/RCHN Customer Service at 1-877-276- 4543.

- The EZ Net user access request form is in the “FORMS” section of this manual and is also available in the **Claims** section at the CPMG web site www.CPMGSanDiego.com