



Unified Claims, Eligibility and  
Benefits Inquiry: 800.291.5837  
[www.UnifiedGrp.com](http://www.UnifiedGrp.com)



## Member

Plan: IDOH - ADAP/EIP  
Group #: 52255  
Client: Sample Employee  
Member ID: 522550007100

## Medical Plan

 **encore** INC  
HEALTH NETWORK  
[www.encoreconnect.com](http://www.encoreconnect.com) 888.446.5844

## Pharmacy Plan

RXBIN: 900020  
RXPCN: CLAIMNE  
RXGRP: 52255  
  
[www.procarerx.com](http://www.procarerx.com)  
Pharmacy: 800.213.5640

1061-XX 0862 52255-52255- M(Encore)D(UV)

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### IDOH Medical Services Program

**ADAP** - If you utilize an out-of-network pharmacy and need to file a claim for reimbursement, please send your Client ID number and pharmacy receipt (must include Client's Name, Name of Drug Being Dispensed, NDC Number, Date of Service and Charge Amount) to Unified Group Services, PO Box 10, Pendleton, IN 46064-0010. For questions regarding ADAP coverage, please call 800.291.5837.

**EIP** - Send original claims to: Encore Health Network, 8520 Allison Pointe Blvd., Suite 200, Indianapolis, IN 46250-4299

**For eligibility verification online, visit [www.UnifiedGrp.com](http://www.UnifiedGrp.com).**

### Medical Claims Submission

EDI: 35206

Mail: Encore Health Network  
8520 Allison Pointe Blvd., Suite 200  
Indianapolis, IN 46250-4299

