

Insert Company  
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### Important Notice to Healthcare Providers

**[CLIENT NAME]** has selected EVHC, a third party administrator, to process healthcare benefit claims for its employees and family members.

**When completing healthcare forms for a member of the [CLIENT NAME] health benefit plan, please note that the carrier/administrator is EVHC, not [NETWORK NAME].** The logo for [NETWORK NAME] is shown on the ID card because it is the provider network for the [CLIENT NAME] health benefit plan.

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To have claims processed for services rendered, please submit claim to:

**EDI:** Payer ID **[00000]**; or,

**Mail:** **[NAME]**  
**[STREET ADDRESS]**  
**[CITY], [STATE] [ZIP]**

To verify coverage or to ask questions about billing, call EVHC directly at **[000.000.0000]**.