

# Provider Tipsheet



## Phone Numbers

### Individual Plans

866.631.4611

### Group Plans

866.631.5404

## Claims Address

Aspirus Health Plan  
PO Box 1062  
Minneapolis, MN 55440

## EDI Payer Information

**Change Healthcare** - Preferred Clearinghouse  
**Aspirus Health Plan Payer ID** - 41147

## Website


[aspirushealthplan.com](http://aspirushealthplan.com)

Visit [aspirushealthplan.com](http://aspirushealthplan.com). Select **For Business**, then **Provider Resources** to find information on medical and pharmacy policies, appeals, prior authorizations, and much more.

## Provider Registration


Visit [aspirushealthplan.com](http://aspirushealthplan.com). Select **For Business**, then **Provider Registration**.

## Sample Signature Network ID Card




**Group #:** ASP99999  
**Care Type:** Sample Plan Description

| NAME                 | ID          | SVC Type |
|----------------------|-------------|----------|
| Firstname A Lastname | 99999999900 | Medical  |
| Firstname B Lastname | 01          | Medical  |
| Firstname C Lastname | 02          | Medical  |



SIGNATURE NETWORK  
EMERGENCY ROOM ONLY OUTSIDE OF WI



RXBIN: 610602  
RXPCN: NVT

**Customer Service/Pre-Certification:**  
1.866.631.4611 or  
[customerservice@aspirushealthplan.com](mailto:customerservice@aspirushealthplan.com)

**Submit Claims:**  
Aspirus Health Plan  
PO Box 1062  
Minneapolis, MN 55440


**Pharmacies: 24/7 support**  
1.844.268.9789  
[www.navitus.com](http://www.navitus.com)

First Health provider verification:  
1.800.226.5116  
[www.myfirsthealth.com](http://www.myfirsthealth.com)

**My Account:**  
Register/Log in at [aspirushealthplan.com](http://aspirushealthplan.com)  
for details on claims, out of pocket balances,  
EOBs, network providers and policy.


**MDLIVE 1.800.657.6169**  
**VITAL Work Life 1.866.220.3138**

## Sample Freedom Network ID Card





**Group #:** ASP99999  
**Care Type:** Sample Plan Description

| NAME                 | ID          | SVC Type |
|----------------------|-------------|----------|
| Firstname A Lastname | 99999999900 | Medical  |
| Firstname B Lastname | 01          | Medical  |
| Firstname C Lastname | 02          | Medical  |



FREEDOM NETWORK



RXBIN: 610602  
RXPCN: NVT

**Customer Service/Pre-Certification:**  
1.866.631.4611 or  
[customerservice@aspirushealthplan.com](mailto:customerservice@aspirushealthplan.com)

**Submit Claims:**  
Aspirus Health Plan  
PO Box 1062  
Minneapolis, MN 55440

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**VITAL Work Life 1.866.220.3138**