

# Provider Reference Guide

HMO/DHMO, Senior Advantage, and KPIC Self-funded EPO

## HMO

**KAISER PERMANENTE**  
Kaiser Foundation Health Plan, Inc.  
Southern California Region

Prefix Medical Record No. Date of Birth

Name: First M Last Gender

For information about your Health Plan benefits: **1-800-464-4000**  
kp.org

## HMO

**KAISER PERMANENTE** HMO  
Kaiser Foundation Health Plan, Inc.  
Southern California Region

Prefix Medical Record No. Date of Birth

Name: First M Last

For information about your Health Plan benefits:  
**1-800-464-4000/TTY 711** kp.org

## Senior Advantage

**KAISER PERMANENTE** Kaiser Foundation Health Plan, Inc.  
Southern California Region

Issuer: 80840 Prescription Drug Plan  
RxBIN: 011172 RxPCN: SCCMS CMS-H0524  
RxGrp: SC kp.org

Prefix Medical Record No. Date of Birth

Name: First M Last Gender

MedicareRx  
Prescription Drug Coverage

## Self-Funded

**KAISER PERMANENTE**  
Kaiser Permanente Insurance Company

Exclusive Provider Organization (EPO)

Medical Record No. Date of Birth  
XXXXXXXXXX XX XX

Name: First M Last Gender  
XXXXXXXXXXXXXXXXXXXX X

RxPCN SCSF RxBin 011172 RxGrp SC Region SC  
OV (Pri/Spec) \$00/\$00 Deductible \$0000 Coinsurance 00%

Service	Contact	Phone	Claims Submission Address
<b>HMO/DHMO/Senior Advantage Products</b>			
Benefits and Eligibility	Member Service Contact Center	1-800-464-4000	Kaiser Foundation Health Plan, Inc. Claims Administration Department P.O. Box 7004 Downey, CA 90242-7004
Claims Inquiries	Claims and Referrals	1-800-390-3510	
EDI	California Claims Administration	1-866-285-0361	
Provider Contracting-Facility	Network Development and Administration	626-405-3240	
<b>KPIC Self-Funded EPO</b>			
Benefits, Eligibility, Claims	Customer Service Interactive Voice Response	1-866-213-3062	Kaiser Permanente Insurance Company (KPIC), SF Claims Administrator P.O. Box 30547 Salt Lake City, UT 84130-0547 EDI Payor ID #94320
EDI	Customer Service Help Desk	1-888-633-0835	
Provider Contracting-Facility	Network Development and Administration	626-405-3240	
<b>Credentialing</b>	<b>Emergency Prospective Review Program</b>	<b>Outside Utilization Review</b>	
626-405-3147	1-800-447-3777	1-800-225-8883	
<b>Language Assistance</b>	<b>Contact</b>	<b>Phone</b>	
Telephone Interpretation	United Language Group	1-855-701-8100	
Sign Language Support	Interpreters Unlimited	1-844-855-0249	
<b>Referral and Authorization Contact Information</b>			
All referral and authorization requests should be made to the Outside Referral Department in the patient's home service area.			
<b>Area</b>	<b>Phone</b>	<b>Area</b>	<b>Phone</b>
Antelope Valley	661-729-7108	Panorama City	818-375-2806
Baldwin Park	562-622-3880	Riverside	951-602-4294
Downey	562-622-3880	San Diego	619-589-3360
Coachella Valley/Yucca Valley	951-602-4294	South Bay	310-816-5324
San Bernadino County	909-609-3262	West Los Angeles	213-351-4530
Kern County	661-852-3482	West Ventura	1-844-424-1869
Los Angeles	213-351-4530	Woodland Hills	1-844-424-1869
Orange County	714-564-4150		
<b>Other Services</b>			
Outpatient Dialysis Services (for all service areas): 626-405-4116			