

pending hospitalizations.

Off-Site Claims – Inmate Billing Instructions

**	*** Effectiv	ve for Dates of service	e on or after 2/1/2	2015 *****	
Name			ID:		
DOB:					
Type of T	ransport:	ER Outpation	ent Other	:	
Ve	ermont DOC:				
Electron	nic Claims Submission	aims Submission:		Paper Submission:	
*Detaile the Prov www.ce	Ext. 25525 or 314-50 Or by email at EDIBA ed 837 companion guivider area on the Cenenturionmanagedcare	nent - (800) 225-2573 5-6525 @centene.com ides can be found under turion website at:	ervice	aims option)	
IN	S / ICE:	Immigrations and Customs Enforcement 64 Gailbrooke Rd St. Albans, VT 05478			
IS (Ir	C nter-State Compact)	Vermont Department of Corrections Attn: Rick Byrne, Casework Supervisor / Classification Administrator 103 South Main Street Waterbury, VT 05676			
The above	e inmate has been re	ferred to your office for tr	eatment. Please bill t	he above checked entity	
for payment of services.			_	Inmates Plan Escapes – Do n	
Completed by:				inform inmates of the date o	