



November 2, 2016

Dear MDwise Provider:

**RE: Claim Submission Changes**

MDwise would like to notify providers of changes in the claim submission for MDwise Marketplace Network claims. For your MDwise Marketplace claims with dates of services on or after January 1, 2017, please use the following addresses and submission information:

**MDwise Marketplace Claims Address**

PO Box 331428  
Corpus Christi, TX 78463-1428

**MDwise Marketplace Claims Inquires**

1-855-417-5615

**MDwise Marketplace Electronic Claims**

Change Health/ Emdeon / WebMD Payer ID: 45627

Providers will need to make necessary changes to their billing software and processes to account for a change in payer for MDwise Marketplace claims.

Sincerely,

MDwise Marketplace