

WELLCARE CONTACT INFORMATION

WellCare Customer Service: 1-888-453-2534 (TTY 1-877-247-6272) Monday-Friday 8 a.m.-5 p.m. EST or visit www.wellcare.com/New-Jersey

PROVIDER CONTACT & INFORMATION GUIDE			
Important Phone Numbers & General Information	Eligibility & Benefits Verification	Claims Inquiries	Provider Web Portal (i-Transact)
<p>LIBERTY Provider Service Line 888.352.7924</p> <p>Eligibility & Benefits: option 1 Specialty Referrals: option 2 Claims: option 3 Contracting: option 4</p> <p>Hours: An adequate number of live representatives are available M-F, 5 am PST to 5 pm PST</p> <p>Professional Relations Department 888.352.7924 option 4 800.268.0154 (fax)</p> <p>LIBERTY Dental Plan ATTN: Professional Relations P.O. Box 26110 Santa Ana, CA 92799-6110</p> <p>email: prinquiries@libertydentalplan.com</p>	<p>Provider Portal (i-Transact) www.libertydentalplan.com</p> <p>or</p> <p>Telephone 888.352.7924 option 1</p>	<p>Provider Portal (i-Transact) www.libertydentalplan.com</p> <p>or</p> <p>Telephone 888.352.7924 option 3</p>	<p>www.libertydentalplan.com</p> <p>LIBERTY Dental Plan offers 24/7 real-time access to important information and tools through our secure online system</p> <ul style="list-style-type: none"> • Electronic Claims Submission • Claims Inquiries • Real-time Eligibility Verification • Member Benefit Information • Referral Submission • Referral Status <p>Please visit: www.libertydentalplan.com to register as a new user and/or login.</p> <p>Your "Access Code" can be found on your LIBERTY Welcome Letter. If you cannot locate your access code, or need help with the login process, please call: 888.352.7924 for assistance, or email: support@libertydentalplan.com</p>
	<p>Referral Submission & Inquiries</p> <p>Provider Portal (i-Transact) www.libertydentalplan.com</p> <p>Telephone 888.352.7924 option 2</p> <p>Regular Referrals by Mail:</p> <p>LIBERTY Dental Plan ATTN: Referral Department PO Box 26110 Santa Ana, CA 92799-6110</p> <p>*Emergency Referrals* All requests for emergency specialty care should be made by calling: 888.352.7924 option 2</p>	<p>Claims Submissions</p> <p>Provider Portal (i-Transact) www.libertydentalplan.com</p> <p>EDI Payer ID #: CX083</p> <p>Paper Claims By Mail:</p> <p>LIBERTY Dental Plan ATTN: Claims Department PO Box 401086 Las Vegas, NV 89140</p>	