



Saint Alphonsus Health Alliance Direct to Employer for Woodgrain Millwork

Process	Contact	Add'l Information
Claim Submission	Allegiance	PO Box 3018 Missoula MT 59806 Payer ID: 81040
Claim Processing	Allegiance	(800) 877-1122
Claim Status	Allegiance	(800) 877-1122 www.askallegiance.com
Claim Payment	Allegiance	(800) 877-1122 www.askallegiance.com
Pre-Certification / Pre-treatment Review	StarPoint / Allegiance	(800) 342-6510
Payment Refunds	Allegiance	PO Box 3018 Missoula, MT 59806 (800) 877-1122
Pharmacy Prior Auth	Optum	(888) 554-8716
Benefit Verification	Allegiance	(800) 877-1122 www.askallegiance.com