

INSURANCE NAME / PRODUCT LINES	PRE-CERTIFICATION NUMBER	CONTACT NUMBERS	CLAIMS	SERVICES REQUIRING PRECERTIFICATION
<p align="center">ONE HEALTH PLAN</p> <p>441 Ninth Avenue New York, NY 10001-1681 http://www.onehealthplan.com/</p> <p>PPO No referral required if patient is going to an in-network provider</p> <p>*Plan benefits differ from contract to contract please contact plan provider for specific benefit questions</p>	<p align="center">800- 223-9870</p>	<p>Main Number 877-331-3251</p> <p>Provider Services 212-685-5999</p>	<p>P.O. Box 11111 Ft. Scott, KS 66701</p> <p align="center">800-663-8081</p>	<p>All Inpatient admissions Outpatient surgeries Specific high cost drugs Skilled Nursing Home Services Home Healthcare DME>\$1000 Detoxification Air Ambulance PT/OT/Speech/IV Therapies</p>