SOLARUSMEDICAL

12127 Blue Ridge Blvd. Suite A
Grandview, MO 64030
T: 816-746-1901 F: 816-746-1905 C: 913-226-2680

Solarus goal is to help each clinic meet the needs of 100% of your patients who need therapies requiring a nebulizer.

Solarus Self Pay rate - $65

In Network - All Missouri Medicaid and Medicare

❖ **Solarus accepts and will bill ALL Medicaid and Medicare plans**

- Home State Healthcare
- Healthy Blue
- United Healthcare of the Midwest
- Showme Healthy Kids

In Network - Commercial Insurances (listed below)

❖ **Solarus will bill ALL Commercial Insurance plans provided by the patient.**

- Aetna
- Ambetter
- BCBS Federal
- BCBS of Kansas City Freedom Network and Freedom Network Select
- BCBS of Kansas City Participating/Traditional and Blue-Care (ALL PPO Plans)
- BCBS of Kansas City Preferred-Care and Preferred-Care Blue (ONLY PPO and Federal PPO)
- Beech Street a Viant Network
- Century Health Solutions
- Cerner Health Exchange
- ChoiceCare® Network(Humana)
- CIGNA*
- Coventry Healthcare of KS(PPO, HMO, POS, and Open Access)
  - Coventry National (includes Federal Employees & Mail Handlers Benefit)
- First Health Network
- Freedom Network and Freedom Network Select
- Great-West Healthcare*
- Humana & ChoiceCare® Network
- Midlands Choice (ALL PPO)
- MultiPlan
- PHCS Network
- Preferred Health Systems
- Preferred Plus of Kansas (HMO Group IDs Starting with number 5 require a referral from physician)
- Three Rivers Provider Network (TRPN)
- UMR
- United HealthCare
- United HealthCare of the Midwest
- US Family Health Plan (USFHP)

We will work with all patients to help them resolve insurance/reimbursement or payment issues.

MO HEALTHNET (Straight Missouri Medicaid)
Provider must complete a Prior Authorization/Pre-Certification as Primary or Secondary Insurance
Prior Authorization/Pre-Certification
Write RX (Diagnoses not not covered: B97.4 RSV, R05 Cough, R6.2 Wheezing, J20.9 Bronchitis, J39.8 URI) Dispense nebulizer to patient

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If the patient is out of network, we will still bill insurance.

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Prior Authorization/Pre-Certification
Write RX (Diagnoses not not covered: B97.4 RSV, R05 Cough, R6.2 Wheezing, J20.9 Bronchitis, J39.8 URI) Dispense nebulizer to patient