

**PUEBLO HEALTH CARE, INC.**  
**The Colorado Network, Inc.**  
**1-800-638-3773**

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<b>Contract Last Modified Date:</b>	January 1, 2009
<b>Plan Address:</b>	EBMS P O Box 21367 Billings, MT 59104-1367
<b>Provider Relations</b>	Tammy (in Alamosa) 1-888-539-6998
<b>Plan Products:</b>	Self-Insured PPO Network
<b>Copayment:</b>	Refer to Subscriber's Identification Card
<b>Referral/Precertification:</b>	Refer to Subscriber's Identification Card
<b>Benefit Questions:</b>	Refer to Subscriber's Identification Card
<b>Timely Filing:</b>	120 Days
<b>Timely Payment:</b>	30 Days from Receipt of Clean Claim
<b>Termination:</b>	90 Days Written Notice
<b>Claims Inquiries:</b>	Refer to Subscriber's Identification Card
<b>Customer Service:</b>	1-888-539-6998
<b>Billing:</b>	Refer to Subscriber's Identification Card
<b>Lab:</b>	Refer to Subscriber's Identification Card
<b>Physical Therapy:</b>	Refer to Subscriber's Identification Card
<b>Contracted Facilities:</b>	Refer to Subscriber's Identification Card
<b>X-Ray Facilities:</b>	Refer to Subscriber's Identification Card
<b>Reimbursement:</b>	Refer to Group Specific Matrix