



Questions?
888.604.9397
myTrustmarkBenefits.com

Member



Employer: OU Health
Group#: ZL0000
Member: RETIREE SAMPLE
Member ID: OSD874447555

Medical Plan



Medical Claims

Medicare is Primary-mail claims to Medicare

Mail secondary claims to Trustmark

EDI: Payer ID 35182

Mail: Trustmark Health Benefits
P.O. Box 2920
Clinton, IA 52733-2920

Claims Status Inquiry: Payer ID CRSMD

Eligibility & Benefits

EDI: Payer ID CRSMD

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This card does not guarantee eligibility or payment.