



Claim Filing (SDS) - Payor IDs

Prosperity GAP

Plan Name for SDS: Limited Benefit Group Supplemental Plan
Payer ID: 89486

Paper claim submission address:
Limited Benefit Group Supplemental Plan
P.O. Box 211196
Eagan, MN 55121

Please include the following:

- EOB from the Patients Major Medical Plan
- UB-04 Form or CMS-1500 Form
- Provider's Name and Address
- Diagnosis Code ICD-10
- Procedure Code (CPT)
- Place of Service Code
- Charges/Cost of each Treatment