



## Centurion of Florida – Inmate Billing Instructions

\*\*\*\*\* Effective for Dates of service on or after 4/1/2024 \*\*\*\*\*

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Name \_\_\_\_\_

Inmate ID: \_\_\_\_\_  
(must be 6 digits – include leading zeros if indicated)

DOB: \_\_\_\_\_

Authorization #: \_\_\_\_\_

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### **Electronic Claims Submission:**

EDI Payer ID - IHS11

For electronic billing questions – please contact: (877) 213-5225

### **Mailing address for Paper Claims:**

Centurion of Florida, LLC  
PO Box 9693  
Arnold, MD 21012

### **To check claim status or patient eligibility:**

<https://hpitpa.com/your-resources/for-providers/check-claims-eligibility/>

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Claims inquiries – 1-855-202-2246, option 2

For inpatient admissions associated with an ER visit – please contact the Centurion UM department at 1-855-202-2246, option 1