

PROVIDER CONTACT & INFORMATION GUIDE

IMPORTANT PHONE NUMBERS & GENERAL INFORMATION	ELIGIBILITY & BENEFITS VERIFICATION	CLAIMS INQUIRIES	PROVIDER WEB PORTAL (i-TRANSACT)
<p>LIBERTY PROVIDER SERVICE LINE Toll Free 888.352.7924</p> <p>Eligibility & Benefits: Option 1 Claims: Option 2 Prior Authorizations: Option 3 Referrals: Option 4 Request Materials: Option 5 General Information: Option 6</p> <p align="center">HOURS</p> <p>An adequate number of LIVE representatives are available Monday – Friday 8 a.m. EST – 8 p.m. EST</p> <p>PROFESSIONAL RELATIONS DEPARTMENT</p> <p align="center">888.352.7924 800.268.0154 (fax)</p> <p>LIBERTY Dental Plan ATTN: Professional Relations P.O. Box 26110 Santa Ana, CA 92799-6110</p> <p align="center">EMAIL PRinquiries@libertydentalplan.com</p>	<p align="center">PROVIDER PORTAL (i-Transact) www.libertydentalplan.com</p> <p align="center">or</p> <p align="center">Telephone 888.352.7924, option 1</p>	<p align="center">PROVIDER PORTAL (i-Transact) www.libertydentalplan.com</p> <p align="center">or</p> <p align="center">Telephone 888.352.7924, option 2</p>	<p align="center">www.libertydentalplan.com</p> <p>LIBERTY Dental Plan offers 24/7 real-time access to important information and tools through our secure online system</p> <ul style="list-style-type: none"> • Electronic Claims • Prior Authorization Submission • Claims Inquiries • Real-time Eligibility Verification • Member Benefit Information • Referral Submission • Referral Status <p>Please visit:</p> <p>https://www.libertydentalplan.com/Providers/Provider-Self-Service-Tools/ITransact.aspx to register as a new user and/or login.</p> <p>Your "Access Code" can be found on your LIBERTY Welcome Letter. If you cannot locate your access code, or need help with the login process, please call: 888.325.7924 for assistance or email: support@libertydentalplan.com</p>
	<p align="center">PRIOR APPROVAL SUBMISSION & INQUIRIES</p>	<p align="center">CLAIMS SUBMISSIONS</p>	
	<p align="center">PROVIDER PORTAL (i-Transact) www.libertydentalplan.com</p> <p align="center">Telephone 888.352.7924, option 3</p> <p align="center">EMAIL referrals@libertydentalplan.com</p> <p>Regular Referrals by Mail: LIBERTY Dental Plan ATTN: Referral Department PO Box 401086 Las Vegas, NV 89140</p> <p align="center">*Emergency Referrals* All requests for emergency specialty care should be made by calling: 888.352.7924, option 4</p>	<p align="center">PROVIDER PORTAL (i-Transact) www.libertydentalplan.com</p> <p align="center">EDI Payer ID #: CX083</p> <p align="center">EMAIL claims@libertydentalplan.com</p> <p align="center">Paper Claims by Mail or Corrected Claims by Mail</p> <p>LIBERTY Dental Plan ATTN: Claims Department PO Box 401086 Las Vegas, NV 89140</p>	

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NEW JERSEY PROFESSIONAL RELATIONS TERRITORY ASSIGNMENT

NEW JERSEY

Professional Relations Territory Assignment

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Cumberland	
Gloucester	
Middlesex	
Monmouth	
Ocean	
Salem	