



CONTACT

Behavioral Health Services

Dear Member:

In order to process your reimbursement for behavioral health services, we will need a number of pieces of information.* Please use the checklist below to ensure that you submit all the required information with your request.

Member Information

- Member Name
- Member Address
- Member Telephone
- Member Date of Birth
- ID and/or Plan Name

Service Information

- Date of Service(s)
- Diagnoses (5-digit code)
- Procedure (Service) Code
- Receipt Showing Amount Paid

Provider Information

- Provider Name, Address
- Provider Telephone Number
- Provider Credentials (Ex. Ph.D., LCSW, LPC, etc.)
- Provider Tax Identification Number or Social Security Number

Failure to submit all items listed above will result in a delay of your reimbursement request. Once all items have been received, it will be forwarded for processing.

If you have any questions or concerns, please contact Member Services at (800) 888-1477.

Member reimbursements are only available to you:

- ***If you have Out of Network benefits;***
- ***You used an Out of Network provider; AND***
- ***You have paid for the services out of pocket.***

Sincerely,
CONTACT Member Services