



## **Enrollee Claims Submission**

Plan Providers will file claims directly with the Plan. Members may need to submit a claim for reimbursement for services from a Non-Plan Provider. If you need to submit a claim for a service, you or your Designee must do so within 120 days after the service is rendered. However, you may be allowed extra time if there is good reason why the claim cannot be submitted on time, and if you submit the claim as soon as you reasonably can.

You may obtain a medical or prescription drug claim form at [www.healthoptions.org](http://www.healthoptions.org) or by calling Member Services at 1-855-624-6463 (TTY/TDD: 711). The form will include instructions on what information you will need to submit. Please return the completed claim form along with copies of any receipts or invoices to the address on the form.

If we do not furnish these forms to you within 15 days after we receive your request, you may meet the proof requirements by giving us a written statement of the nature and extent of the claim within 120 days after the service is rendered. If you have paid a Provider for Covered Services and want Health Options to reimburse you directly, please send the receipts from the Provider to show proof of payment. Benefits will be paid to the Member who received the services for which a claim is made unless the Member is a minor. In that case, Benefits will be paid to the parent or custodian with whom the minor resides. The Member may authorize Health Options to pay Benefits directly to the Provider who charged for the service subject to the claim.

Any payment made by Health Options in accordance with the terms of this Agreement will discharge Health Options from all further liability to the extent of such payment.

Send Medical Claims to:  
Community Health Options Mail Stop 200  
PO Box 1121  
Lewiston, ME 04243

Send Behavioral Health Claims to:  
Community Health Options Mail Stop 300  
PO Box 1121  
Lewiston, ME 04243

Medical Reimbursement Form-

[https://www.healthoptions.org/BlankSiteASPX/media/CHO/PDF/Find%20a%20Form/Medical\\_Reimbursement\\_Form.pdf](https://www.healthoptions.org/BlankSiteASPX/media/CHO/PDF/Find%20a%20Form/Medical_Reimbursement_Form.pdf)

Pharmaceutical Reimbursement Form-

[https://www.healthoptions.org/BlankSiteASPX/media/CHO/PDF/Find%20a%20Form/Express\\_Script\\_Prescription\\_Reimbursement\\_Form.pdf](https://www.healthoptions.org/BlankSiteASPX/media/CHO/PDF/Find%20a%20Form/Express_Script_Prescription_Reimbursement_Form.pdf)