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 or out-of-network 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 a 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 or by calling Member Services at (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 Community 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 Community Health Options to pay benefits directly to the provider who charged for the service subject to the claim.

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

Send Medical Claims and Behavioral Health Claims to:

Community Health Options
Mail Stop 200
PO Box 1121
Lewiston, ME 04243

Send Pharmaceutical Claims to:

Express Scripts
ATTN: Commercial Claims
P.O. Box 14711
Lexington, KY 40512-4711

Member Claim Form

https://healthoptions.org/document/413/member-claim-form_cho.pdf

Pharmaceutical Reimbursement Form

https://healthoptions.org/media/6010/expressscriptsreimbursementform-10-18-20pdf.pdf