Instructions for Claims Submissions by Members

- Health Alliance prefers to have a provider submit the claim on behalf of the member. However, there are times when a member will need to submit a claim instead of the provider. In those cases, a receipt or statement is required showing the services received, the member information, the charge, the date of service and the provider's name.

- Contracted providers typically have 90 days to submit a claim to the payer. Members have up to a year to submit a claim.

- Members can submit claims by mailing them to the address below and can contact Customer Service at 1-866-247-3296 (Monday through Friday, 8 a.m. to 5 p.m. CT) with questions.

  Health Alliance Medical Plans
  Attention: Claims
  P.O. Box 6003
  Urbana, IL 61803-6003