

## GENERAL INFORMATION

If you receive services from a Participating Provider (as published in the Provider Directory), the Health Plan will pay the Health Care Provider directly for all care received. You will not have to submit a claim for payment and will be responsible only for any applicable deductibles, copayments or coinsurance. However, there may be a time when you, instead of your Provider or Pharmacist, need to submit a claim requesting payment for services that have been received or for prescription drugs.

## REIMBURSEMENT FOR MEDICAL EXPENSES

You should rarely need to file a claim since participating providers will submit claims for you. However, if you receive medical care from non-participating providers, you may be required to pay for the services yourself and request reimbursement later. While it is preferable to have your provider submit a valid claim form to us, you can also request reimbursement by sending us a written medical reimbursement form which should include the name of the Insured, the policy number, and the Insured's signature. An itemized receipt for the services or supplies rendered, with details regarding diagnosis and/or reason for the services along with a written proof of payment made, should be submitted with the form. The request for reimbursement and itemized bill must be submitted within six (6) months for commercial members. We will reimburse you according to your benefit plan allowed time frame. If reimbursement is denied for any reason, you will receive an Explanation of Benefits (EOB) that explains why.

Please send your reimbursement request to:

Health First Health Plans - AHAP  
Attn: Claims Department  
6450 U.S. Highway 1  
Rockledge, FL 32955

Send original documents, but keep copies for your own records.

## REIMBURSEMENT FOR PRESCRIPTION DRUGS

If you have to pay for prescription drugs yourself for any reason, you can be reimbursed according to the provisions of your plan. If you are due a reimbursement, simply send your detailed pharmacy receipt to us along with a Prescription Drug Reimbursement form within one hundred and eighty (180) days from the date of service. Be sure to include the name of the Insured, the policy number, and the Insured's signature. A Pharmaceutical Services Department (PSD) representative will review paper reimbursement requests for prescription claims and process all complete requests for payment within fourteen (14) days of receipt by the Health Plans.

Your reimbursement request can be faxed to 1.855.328.0061 or mailed to:

Health First Health Plans - AHAP  
Attn: Pharmacy Department  
6450 U.S. Highway 1  
Rockledge, FL 32955

Please do not send original documents.

## WHERE CAN I FIND REIMBURSEMENT FORMS?

Reimbursement forms are available on the Health Plan's website at [https://hf.org/ahap/members/individual\\_members.cfm](https://hf.org/ahap/members/individual_members.cfm) and through the Member Portal. Forms may be

requested by calling the Health Plan's Customer Service Department.

## QUESTIONS

If you have questions about your health benefit plan, there are several ways to contact us to obtain the assistance you need:

### **By telephone**

If you have questions about your plan or need assistance in a language other than English, please contact Customer Service.

Toll-free: 1.844.522.5279

TDD/TTY: 1.800.955.8771

Our Customer Service hours are: **Monday through Friday** from 8 a.m. to 6 p.m.

### **By email**

Send your questions or comments to: [AHAP@HF.org](mailto:AHAP@HF.org)

### **By fax**

Send your fax to: 1.855.328.0062

### **By mail**

Send correspondence to:

Customer Service  
Health First Health Plans - AHAP  
6450 U.S. Highway 1  
Rockledge, FL 32955

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