

# How to Submit a Claim

## A Member's Step-by-Step Guide to Submit a Medical, Pharmacy, or Dental Claim

In most cases, your provider will submit your claim for you. Sometimes, a provider may bill you directly instead of submitting a claim to PacificSource. For example, nonparticipating providers (those that do not participate in our provider networks) may only bill you. When this happens, it becomes your responsibility to submit your claim to us for processing.

All claims for benefits must be turned in to PacificSource within 90 days of the date of service. If it is not possible to submit a claim within 90 days, turn in the claim with an explanation as soon as possible. In some cases PacificSource may accept the late claim. However, please be aware that we will not pay a claim that was submitted more than a year after the date of service.



## Member Medical Claim Checklist

No special form is needed for a medical claim, but we do need certain information. The following checklist can help ensure that you include everything needed for your claim:

- A copy of your provider's itemized bill with:
  - Their name and tax ID number
  - Charges
  - Date of service
  - CPT and diagnosis billing codes
- Your full name
- Your PacificSource member ID number (from your PacificSource member ID card) or your Social Security number

If you have medical coverage through a group policy:

- Group name, (from your PacificSource ID card)
- Group number (from your PacificSource member ID card)
- The patient's name

In addition, if you were treated for an accidental injury, please include the following:

- Date, time, and location
- Details of the accident

## Please send all claims to:

PacificSource Health Plans  
Attn: Claims Department  
PO Box 7068  
Springfield, OR 97475-0068

You may also fax your claim to:

- Medical or vision (541) 225-3632
- Pharmacy (541) 225-3665
- Dental (541) 225-3632

Email: [cs@pacificsource.com](mailto:cs@pacificsource.com)

*continued on reverse*



### Member Pharmacy Claim

#### Prescription Drug Claim Form

We need certain information in order to process your prescription drug claim. The first step is to complete a Prescription Drug Claim form. You can download the form from our website, PacificSource.com > For Our Members > Forms and Materials. Once complete, attach all prescription receipts and send to us for processing. All prescriptions must contain the following information to be processed:

- Dispensing pharmacy name
- Prescribing doctor/nurse practitioner name
- Date prescription was filled
- NDC (National Drug Code) number
- Medication name and strength
- Quantity of drug dispensed and the number of days it is for (such as 30 days)

### Member Dental Claim

#### Dental Claim Form

You can download the Dental Claim form from our website, PacificSource.com > For Our Members > Forms and Materials.

### Our Claims Payment Practices

#### A Commitment to Timely Processing

Unless additional information is needed to process a claim, we will make every effort to pay or deny your claim within 30 days of receipt. If a claim cannot be paid

within 30 days of receipt because additional information is needed, we will acknowledge receipt of the claim and explain why payment is delayed. If we do not receive the necessary information within 15 days of the delay notice, we will either deny the claim or notify you every 45 days while the claim remains under investigation.

#### Questions About Claims

If you have questions about the status of a claim, you are welcome to contact our Customer Service Department. You may also contact Customer Service if you believe a claim was denied in error. We will review your claim and your group policy to determine if the claim is eligible for payment. Then we will either reprocess the claim for payment, or contact you with an explanation.

#### Benefits Paid in Error

Sometimes clerical errors do occur. If PacificSource makes a payment to you that you are not entitled to, or pays a person who is not eligible for payment, we may recover the payment. We may also deduct the amount paid in error from your future benefits.

#### Please Send All Claims to:

PacificSource Health Plans  
Attn: Claims Department  
PO Box 7068  
Springfield OR 97475-0068.

You may also fax your claim to:

- Medical or vision (541) 225-3632
- Pharmacy (541) 225-3665
- Dental (541) 225-3632

*If you have questions, you are welcome to contact our Customer Service Department:*

Email  
cs@pacificsource.com

Idaho  
(208) 333-1596 or  
(800) 688-5008  
(8:00 A.M. to 5:00 P.M. MT)

Montana  
(406) 442-6589 or  
(877) 590-1596  
(8:00 A.M. to 5:00 P.M. MT)

Oregon  
(541) 684-5582 or  
(888) 977-9299  
(7:00 A.M. to 5:00 P.M. PT)

En Español  
(541) 684-5456 or  
(800) 624-6052 ext. 1009



PacificSource.com