

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 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 - FHCA
Attn: Claims Department
6450 US 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 180 days from of 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 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 - FHCA
Attn: Pharmacy Department
6450 US 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 myFHCA.org 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 5 p.m.

By email

Send your questions or comments to: FHCA@health-first.org.

By fax

Send your fax to: 1.855.328.0062

By mail

Send correspondence to:

Customer Service

Health First Health Plans - FHCA

6450 US Highway 1

Rockledge, FL 32955

Florida Hospital Care Advantage is underwritten by Health First Commercial Plans, Inc. Health First Commercial Plans does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.