

# How to File a Claim for Direct Member Reimbursement

**In most instances, Sentara Health Plans providers file claims for covered benefits for our health plan members. If a provider is unable to file your claim for a covered item or service that you received, you may have to pay the full cost out-of-pocket and submit a claim to us for reimbursement. When you file a claim, we need to make sure that we have all of the information we need to process your claim. We refer to this as proof of loss. Please make sure to include the following when you file your claim:**

- the name and address of the provider; and
- the name and health plan ID number of the member who received services; and
- the date of the service(s); and
- the diagnosis and type of service(s) received (for example diagnosis and CPT codes); and
- the charge for each type of service and a receipt with a date showing how much you paid out-of-pocket

## **Where to Send Your Claim and Supporting Documentation**

To file a claim, please send all the information noted above to:

Medical Claims  
PO Box 8203  
Kingston, NY 12402-8203

Sentara Health Plans has a timely filing limit for claim submissions. Claims must be received within 365 days from the date of service. Once the claim is received, please allow time for us to complete your claim according to our normal processing times (typically 14 to 30 days). If any monies are due to the member/patient, please allow additional time for check processing and mailing via USPS.