# 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 the information we need to process it. All documents must be in English and easy to read. If not in English, provide translated records.

**Please make sure to include the following:**

- Completed Member Reimbursement Form.
- An itemized bill from the provider of service including:
  - The Providers Tax ID/NPI number (if applicable).
  - The name and address of the provider.
  - The name and health plan ID number of the members who received services.
  - The date of the service(s).
  - The diagnosis and type of service(s) received (for example diagnosis and CPT codes and description).
  - The charge for each type of service and a dated receipt showing how much you paid (i.e. sales receipt, a copy of cancelled check, or bank statement showing the amount paid).

**Send your claim and all the information noted above with supporting documentation to:**

Sentara Health Plans Behavioral
Health and Medical Claims
Attention: Member Reimbursement
PO Box 8203
Kingston, NY 12402-8203

Sentara Health Plans has a time limit to file a claim. We must receive your claims within 365 days of the date of service. Once we receive the claim, please allow our normal processing times of 30 days. If any reimbursement is due, please allow additional time for check processing and mailing via the United States Postal Service (USPS).

Sentara® Health Plans