



## HOW TO SUBMIT A CLAIM

1. Fill out every section of the claim form completely.
2. Include your Member ID.
3. Attach only original itemized claims (not copies) with the out-of-network claim form.

Hospital Charges: Attach a fully completed UB-92 CMS-1450, or CMS-1500 form.

Other Professional Charges: Attach a fully completed CMS-1500 form.

4. The provider must show their level of licensure (i.e. MD, PhD, LCSW, LMFT, or LCPC) on the CMS-1500.
5. If Quality Care Health Plan (QCHP), Local Care Health Plan (LCHP), Teachers' Choice Health Plan (TCHP), or College Choice Health Plan (CCHP) is primary, you must attach the original UB-92 CMS-1450 or CMS-1500 form. If the patient is covered by Medicare or another group insurance plan which is primary, the claims must be filed under that plan first. A claim can then be filed under QCHP, LCHP, TCHP, or CCHP by attaching a copy of the other plan's Explanation of Benefit payments along with a copy of the UB-92 CMS-1450 or CMS-1500 form.
6. Then send to:

Magellan Health Services  
P.O. Box 2216  
Maryland Heights, MO 63043

8. If you have any questions, please call Magellan Health Services at (800) 513-2611.