



How to get reimbursed for covered services

Covered services that may require claim forms include:



Medical



Dental



Prescription Drug

Usually, your provider or pharmacy will submit claims on your behalf. If you need to fill a covered prescription or see an out-of-network provider for a covered service and the provider is not submitting the claim on your behalf, you can submit the claim to us. You will need to submit a copy of the provider's **itemized bill**. The itemized bill needs to include:

- Patient's name
- Date of service
- Procedure code(s)
- Diagnosis code(s) — ICD format
- Healthcare professional's full name, credentials, address, phone number, TIN, and NPI (if one is assigned)
- Total charge for each service rendered
- The date your prescription was filled, or the service was provided
- The medication name, strength, and quantity dispensed

If we don't have all required information, it may take longer for us to process your claim.

PacificSource encourages claims submission within 90 days of service. However, we will accept submitted claims for a period of one year from the date of service.

Submitting a claim form for reimbursement

You can download the one you need by scanning this QR Code or going to our website at: PacSrc.co/forms.



Questions?

Our Customer Service team is happy to help.

Email

Medical and vision:
CS@PacificSource.com
Pharmacy:
Pharmacy@PacificSource.com
Dental:
Dental@PacificSource.com

Phone

888-977-9299
TTY: 711
We accept all relay calls.

En Español

866-281-1464

Mail your claim to:

PacificSource Health Plans
Claims Department
PO Box 7068
Springfield, OR 97475

PacificSource.com

