A logo on a black background

Description automatically generated

HOW TO SUBMIT A CLAIM FOR SERVICES **PAID OUT OF POCKET**

HERE IS WHAT YOU NEED TO KNOW…

* **Information you will need to submit a claim**
* Provider, hospital, or facility name
* Provider Tax ID Number (TIN)
* Member ID#
* Diagnosis code
* Date of service
* Procedure code (CPT code)
* Billed amount
* Proof of payment
* **You may submit the requested information via Fax, Email or Mail**
* Fax: 413-733-4612
* Email: [CS@wellfleetinsurance.com](mailto:CS@wellfleetinsurance.com)
* Wellfleet

PO Box 15369

Springfield, MA 01115-5369

* **Deadline for filing a claim**
  + Depending on your plan, you’ll have a certain amount of days to file your claim. Refer to your plan documents for details.
* **Contact Information**
  + For assistance you may contact us by email or phone at:
  + Email: [CS@Wellfleetinsurance.com](mailto:CS@Wellfleetinsurance.com)
  + Phone: please contact us at the number on the back of your Wellfleet ID card

**Please note, if you do not have the above information, you may contact your provider and ask for a HCFA or UB billing form.**