



WELLFLEET

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
 - 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
 - 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.