



Direct Payment Consideration Form

HAP Senior Plus (hmo), HAP Senior Plus (hmo-pos) and Alliance Medicare PPO

Please use this form each time you submit a medical claim.

- Complete one form per family member.
- Keep a copy of all receipts and documents for your records.
- Allow 30 days for processing.

Step 1: Your Health Plan	
<input type="checkbox"/> HAP Senior Plus	<input type="checkbox"/> Alliance Medicare PPO

Step 2: Patient Information: (Please Print)	
Patient Name: _____	ID Number: _____
Address: _____	Date of Birth: _____
City, State, Zip: _____	
Phone Number: _____	

Step 3: Submission Information
<p>a. Attach the itemized bill or statement that includes:</p> <ul style="list-style-type: none"> • Patient’s name • Date of service • Dollar amount charged for each service • Procedure and diagnosis codes • Provider’s name, address • Provider tax identification number <p>If services were rendered out of the country please provide the reason for treatment: _____</p> <p>b. Attach the proof of payment - please tape your receipt(s) to a separate sheet of paper.</p>

Step 4: Submit to
<p>HAP Claims Division Member Reimbursement 2850 West Grand Boulevard Detroit, MI 48202</p>

For more information call us toll-free at: **(800) 801-1770** for HAP Senior Plus or **(888) 658-2536** for Alliance Medicare PPO. TTY/TDD **(800) 649-3777**.

Our normal office hours are Monday – Friday, 8 a.m. to 8 p.m., and Saturday, 8 a.m. to noon. We have extended hours from October 1st through February 14th, when Client Services Specialists are available seven days a week from 8 a.m. to 8 p.m.

HAP Senior Plus (hmo), HAP Senior Plus (hmo-pos), and Alliance Medicare PPO are health plans with Medicare contracts. Enrollment in the plans depends on contract renewals. Alliance Medicare PPO is a product of Alliance Health and Life Insurance Company, a wholly owned subsidiary of HAP.