

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

HAP Senior Plus

□ Alliance Medicare PPO

Step 2: Patient Information: (Please Print)

Patient Name:_____

Address: _____Date of Birth: _____

City, State, Zip: _____

Phone Number: _____

Step 3: Submission Information

a. Attach the itemized bill or statement that includes:

- Patient's name
- Date of service

- Procedure and diagnosis codes
- Provider's name, address
- Dollar amount charged for each service
- Provider tax identification number

If services were rendered out of the country please provide the reason for treatment:

b. Attach the proof of payment - please tape your receipt(s) to a separate sheet of paper.

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

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.

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