

## Services Rendered by a Non-Participating Provider

Our participating providers have agreed to accept the eligible charge as payment in full for covered services. Non-participating providers have not agreed as such. Therefore, if you receive services from a non-participating provider, you will be responsible for any deductibles and co-payments plus the difference between the billed charge and the eligible charge. You may be required to pay in full at the time of service.

When you see a non-participating provider, the provider may or may not submit a claim to us on your behalf. If your provider does not submit a claim on your behalf, you must send us a claim in order to receive reimbursement. We will process the claim and make payments **directly to you**, regardless of whether assignment of benefits is requested (in other words, regardless of whether you ask us to pay the non-participating provider directly).

We will not accept incomplete claim forms, and we **will not accept invoices or receipts** as claim forms for services rendered in the U.S.

The standard claim forms accepted are as follows.

Claim Form	Mailing Address
<b>Medical</b> Inpatient/outpatient facilities: UB04/UB92/HCFA-1450 Professional & other services: CMS-1500/HCFA-1500	HWMG Claims Processing P.O. Box 32580 Honolulu, HI 96803
<b>Dental</b> ADA Dental Claim Form	HWMG Claims Processing P.O. Box 32580 Honolulu, HI 96803
<b>Prescription</b> OptumRx Prescription Drug Claim Form	OptumRx Claims P.O. Box 29045 Hot Springs, AR 71903
<b>Vision</b> Vision Service Plan (VSP) Reimbursement Form	VSP Out-of-Network Claims P.O. Box 997105 Sacramento, CA 95899-7105

For questions regarding claims and benefits, please contact our Customer Service Center Monday to Friday, 8:00 am to 4:00 pm HST at (808) 941-4622, toll-free at (888) 941-4622, or via email at [CustomerService@hmaa.com](mailto:CustomerService@hmaa.com).