

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

Medical

- Inpatient/outpatient facilities: UB04, UB92, or CMS-1450
- Professional & other services: CMS-1500 or HCFA-1500

HWMG Claims Processing
P.O. Box 32580
Honolulu, HI 96803

Dental

- ADA Dental Claim Form

HWMG Claims Processing
P.O. Box 32580
Honolulu, HI 96803

Prescription

- OptumRx Prescription Drug Claim Form

OptumRx Claims
P.O. Box 29045
Hot Springs, AR 71903

Vision

- 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.