

Clover

Quick Reference Guide

DEPARTMENT	PHONE	FAX
Provider Services	1-877-853-8019	
Care Management	1-888-995-1689	
Authorization Requests (UM)	1-888-995-1690	1-800-308-1107
Pharmacy (CVS Caremark)	1-855-479-3657	1-855-633-7673
Appeals & Grievances	1-888-995-1692	1-732-412-9706
Member Services	1-888-657-1207	

FREQUENTLY USED SERVICES	QUICK LINKS	
To submit a claim If you need to make any changes to an original claim, you can resubmit a corrected claim using the above channels.	interconnect via Change Healthcare: Payer ID#: 77023	via mail: Clover Health P.O. Box 3236 Scranton, PA 18505
To find an in-network provider	cloverhealth.com/findprovider	
To view pre-authorization criteria	cloverhealth.com/preauth	
To dispute a payment	cloverhealth.com/paymentdispute	
	by fax: 1-551-227-3963	by mail: Attn: Appeals and Grievances Clover Health P.O. Box 471 Jersey City, NJ 07303
For all other routine forms and documents	cloverhealth.com/providerforms	