## Clover Provider Quick Reference Guide

DEPARTMENT	PHONE	FAX
Member Services	(888) 657-1207	
Provider Services / Claims	(877) 853-8019	(855) 297-4247
Enrollment	(855) 593-5757	
Care Management	(888) 995-1689	(732) 412-4317
Authorization Requests (UM) List of Prior Authorization Required Services on the Web cloverhealth.com	(888) 995-1690	(732) 412-4317
Quality Improvement	(888) 995-1691	(732) 412-4317
Pharmacy (CVS/Caremark)	(855) 479-3657	(855) 633-7673
Appeals & Grievances	(888) 995-1692	(732) 412-9706
DentaQuest: Dental	(855) 343-7404	
DentaQuest: Vision	(888) 696-9551	

## **Mailing Address for Claims:**

Clover Health P.O Box 3236 Scranton, PA 18505

**Claims Payment Dispute Reconsideration** Must be submitted in writing within 90 days from date of Explanation of Payment.

Appeals Submitted in writing within 60 days of date listed on reconsideration outcome letter.

## Mailing Address for Appeals & Grievances or Medical Management:

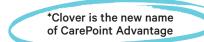
Clover Health Harborside Financial Center Plaza 10 – Suite 803 Jersey City, NJ 07311

Include attachments (3) Services Requiring Prior Authorization Prior Authorization Form Part D Prior Authorization Form

## **Electronic Claims Submission:**

Interconnect via Change Healthcare (formerly known as Emdeon). Payer ID#: 77023

TTY Access: 711





cloverhealth.com