



SIHO Prime Care Choice Members

Claim Submission

Mail:

601 Washington Street, Suite 102
Columbus, IN 47201

Fax: 812-377-7194

Claim Form To Use

HCFA 1500 Form
Completed In Full

Timely Filing Guidelines

Advantage/Solutions will consider claims submitted
within 90 days from the date of covered service.

Need Further Assistance?

Call Advantage/Solutions Claims at:
800-766-0068