



Solutions EAP

Claim Submission

Mail:

601 Washington Street, Suite 102
Columbus, IN 47201

Fax: 812-377-7194

Claim Form To Use

HCFA 1500 Form

Custom Invoice

Required Items on Claim Form:

- Patient Name
- Authorization Number
- Date of Service
- CPT Code
- Charge For Service
- Treating Health Care Professional, including license/credentials
- Tax ID Number
- Signature of Provider
- Remit To Address

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