

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/HCFA-1450 Professional & other services: CMS-1500/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@hwmg.org.