



MEMBER CLAIMS SUBMISSION

How do I submit a claim after I see an In-Network provider? If you see an In-Network provider, the provider is required by contract with Alliant Health Plans to submit a claim form on your behalf. If, for some reason, the In-Network provider will not file a claim directly to Alliant Health Plans, please call Client Services.

How do I submit a claim after I see an In-Network provider? If you see an **Out-of-Network** provider who will not submit a claim directly to Alliant Health Plans, you may complete a [claim form](#) and send to one of the following:

Mail: Alliant Health Plans
PO Box 2667
Dalton, GA 30722

Email: ClientServices@AlliantPlans.com

What is the time limit for an Out-of-Network claim for services to be submitted to Alliant Health Plans? In most cases claims and any necessary reports and records must be submitted to Alliant Health Plans within 180 days of the date of service.

If you have any questions regarding claim submission, please contact Client Services at (866) 403-2785 or fill out this Client Services [form](#).