

## SENTARA Mental Health Management Claims Guidelines

As part of our ongoing initiative to help you get the most out of your health plan, we offer the following details regarding Mental Health and Substance Abuse (MH/SA) benefits. Please note the following guidelines for submitting claims:

*Send Behavioral Health Claims for Optima to:*

**Sentara Mental Health Management**  
**Attention: Claims Dept**  
**Vetri Systems**  
**P.O. Box 1440**  
**Troy, MI. 48099-1440**

*Send Southern Health Behavioral Health Claims to:*

**Southern Health Services**  
**Attention: Claims Dept**  
**Vetri Systems**  
**P.O. Box 1440**  
**Troy, MI. 48099-1440**

**1. Receiving services from an in-network MH/SA provider:**

As long as you receive services from MH/SA providers who participate in the Plan's network, he or she will submit claims on your behalf.

**2. Receiving services from an out-of-network MH/SA provider:**

- a) If you received MH/SA services from an out-of-network provider, you will need to file the claim yourself.
- b) If you have prepaid for services and wish to receive a reimbursement, please read the instructions below. Please be advised that reimbursement will be made payable to the main policyholder.

**3. What to include in your claim:**

Whether you or your doctor submits your claim, the following information is needed in order to quickly process your claim. The payment may be delayed if any of this information is missing. A form is included for your convenience.

Patient's name and member ID number  
 Patient's date of birth  
 Policyholder's name  
 Patient's address  
 Patient's phone number  
 Diagnosis  
 Date(s) of service  
 Services provided

Provider charges for the procedure(s)  
 Provider Tax ID number  
 Provider name  
 Provider address where services were rendered  
 Provider phone number (including area code)  
 Provider licensure (for example M.D., Ph.D.)  
 Statement showing patient has paid in full for services and is entitled to a reimbursement.

If you or your provider have any questions about MH/SA claims submissions, please do not hesitate to call us at 1-800-648-8420. We look forward to assisting you in any way we can.



*Claims Information Form*

*Send Mental Health Claims for Optima to:*  
**Sentara Mental Health Management**  
**Attention: Claims Dept**  
**Vetri Systems**  
**P. O. Box 1440**  
**Troy, MI. 48099-1440**

*Send Mental Health Claims for Southern Health Services to:*  
**Southern Health Services**  
**Attention: Claims Dept**  
**Vetri Systems**  
**P. O. Box 1440**  
**Troy, MI. 48099-1440**

<b>PATIENT INFORMATION</b>			
Patient's Name	Member ID Number	Patient's Date of Birth	
Patient's Address	Patient's Phone Number (include area code)		
Policy Holder's Name			
<b>PROVIDER INFORMATION</b>			
Provider Name	Licensure	Provider Tax ID Number	Provider Phone Number (include area code)
Provider Address where Services Rendered			Date(s) of Service
Service(s) Provided			
Diagnosis		Provider Charges for this Procedure(s)	
Statement showing patient has paid in full for services and is entitled to a reimbursement			