



Mailing Records, Claims Correspondence and Appeals

September 5, 2019

Dear Provider and Billing staff:

When mailing medical records or attachments requested by Care1st please follow the guidelines below.

Medical Records and Claims Related Correspondence

1. Mail to our claims address: **PO Box 31224, Tampa, Florida 33631-3224**
2. Include a red and white claim form (UB04 or CMS1500) as the first page followed by the medical records or other correspondence.
3. Include indicator 7 and the original claim number in field 22 on a CMS1500 or field 64 on a UB04. **Please Note:** This is required when submitting additional information related to claims

Provider Disputes and Non-Claims Related Correspondence

1. Mail to our physical address: **432 N 44th Street, Suite 100 Phoenix, Arizona 85008**
2. Address Claim Disputes - **Attention: Provider Claim Disputes**
3. Include a Claim Dispute Form or letter detailing the factual and legal basis for the dispute with all Claim Disputes
4. The Claim Dispute Form can be found on our website: www.care1staz.com > Providers > Forms > Other > Claim Dispute

Please call our Claim Customer Service Department at 602-778-1800 (option 5, 4) Monday through Friday from 8:00am - 12:00pm and 1:00pm - 4:30pm with any questions.

Thank you!

Network Management
Ph 602.778.1800/866.560.4042 (Options in order: 5, 7)
Fax 602.778.1875/E-mail SM_AZ_PNO@Care1stAZ.com

Visit our website at www.care1staz.com

Looking for your assigned Provider Network Rep? On our website go to Providers > Provider Rep Contact Info