



Quick Reference Guide Private Fee-for-Service

PAYMENT DISPUTE PROCESS

As a physician or other health care provider providing covered services to a Bravo Health Private Fee-for-Service member, you have the right to file a dispute if you disagree with the payment made to you for services rendered by calling Provider Services at: **1-800-291-0396**.

If you wish to submit a dispute in writing, please include supporting documentation of Medicare payment with your request and submit to:

Provider Relations Department (PFFS)
3601 O'Donnell Street
Baltimore, MD 21224
Fax: **1-866-885-3785**
E-mail: pffsinq@bravohealth.com

PROVIDER RELATIONS

Mid-Atlantic Contact: Donna Cox

Phone: **1-443-573-1632**
Fax: **1-800-447-0465**

El Paso (TX) Contact: Karla Rincones

Phone: **1-915-577-4149**
Fax: **1-915-577-4196**

San Antonio (TX) Contact: Tristan Jackson

Phone: **1-210-321-7763**
Fax: **1-210-340-9074**

Dallas/Ft. Worth (TX) Contact: Jacqueline Ban

Phone: **1-214-436-4234**
Fax: **1-469-362-6628**

Houston (TX) Contact: Esmeralda Malone

Phone: **1-713-454-8468**
Fax: **1-713-643-5981**

TERMS AND CONDITIONS

Additional information on Bravo Liberty Private Fee-for-Service plans and related Terms and Conditions is located at www.bravohealth.com or you may contact Provider Services at: **1-800-291-0396**.

Benefits

- No contract required; your participation in Bravo Liberty requires only the acknowledgement of the Terms and Conditions governing our Private Fee-for-Service plan.
- No Authorizations or Referrals.
- In many cases, your patient's financial responsibility is less than Original Medicare fee for service.

APPEALS

Must be submitted within 60 days to:
Bravo Health
Attention: Appeals and Grievance Unit
P. O. Box 4440
Baltimore, MD 21223

PFFS PLANS OF PARTICIPATION are located in the following counties:

Mid-Atlantic Service Areas

Delaware – Kent, New Castle, Sussex Counties

District of Columbia (Washington, DC)

Maryland – Anne Arundel, Dorchester, Harford, Howard, Prince George's Counties

Texas Service Areas

Atascosa, Bexar, Brazoria, Chambers, Collin, Dallas, Denton, El Paso, Ellis, Fort Bend, Galveston, Guadalupe, Harris, Jefferson, Johnson, Liberty, Medina, Montgomery, Orange, Parker, Rockwall Counties

ELECTRONIC CLAIMS

Electronic claims may be submitted through Emdeon (WebMD) or Payer Path carrier code #52192

PAPER CLAIMS

Billing Address:

Must be submitted within 180 days to:

Bravo Liberty Claims
P.O. Box 981706
El Paso, TX 79998-1706

HEALTH SERVICES

Member Services is available seven days a week, 8:00 am through 8:00 pm
To obtain pre-certification for advance determination of coverage: **1-866-593-8413**.

ELIGIBILITY VERIFICATION

Member Services provides eligibility and copayment information for plan members at:

1-800-291-0396
TTY/TTD: 1-800-964-2561

MEMBER SERVICES

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FORMULARY/PHARMACY

Bravo Liberty II Rx

www.bravohealth.com

Medco Pharmacy (Formulary Exceptions):
1-877-813-5595