

## **LISTING OF MEDICARE HEALTH PLAN APPEAL/PROVIDER DISPUTE ADDRESSES**

YOU ARE REQUIRED TO SUBMIT A WAIVER OF LIABILITY FORM FOR ALL RECONSIDERATION/APPEALS. MANY OF THE HEALTHPLANS HAVE THEIR OWN UNIQUE FORM, PLEASE VISIT THE APPROPRIATE HEALTH PLAN WEBSITE TO OBTAIN THE OFFICIAL DOCUMENT.

### **AETNA MEDICARE HEALTH PLAN**

PO BOX 14067  
LEXINGTON, KY 40512  
FAX (866) 604-7092

### **ALIGNMENT HEALTH PLAN**

P.O. BOX 14010  
ORANGE, CA 92863-9936

### **BLUE SHIELD 65**

BLUE SHIELD 65 PLUS HMO  
PO BOX 927  
6300 CANOGA AVENUE  
WOODLAND HILLS, CA 91365-9856

### **BLUE CROSS SENIOR**

GRIEVANCES AND APPEALS  
OH0205-A537 MAIL LOCATION  
4361 IRWIN SIMPSON RD.  
MASON, OH 45040-9398

### **CENTRAL HEALTH MEDICARE PLAN**

1540 BRIDGEGATE DR. MAIL STOP 3000  
DIAMOND BAR, CA 91765

### **HEALTHNET**

HEALTH NET MEDICARE PROGRAMS PROVIDER SERVICES DEPARTMENT  
PO BOX 10406  
VAN NUYS, CA 91410-0406  
WWW.HEALTHNET.COM

### **HUMANA INC. APPEALS AND GRIEVANCE DEPARTMENT**

PO BOX 14165  
LEXINGTON, KY 40512-4165  
FAX # (800) 949-2961

**INLAND EMPIRE HEALTH PLAN**

IEHP DUALCHOICE

P.O. BOX 1800

RANCHO CUCAMONGA, CA 91729-1800

**INTER-VALLEY HEALTH PLAN**

PO BOX 6002

POMONA, CA 91769

ATTN: PROVIDER APPEALS

**SCAN HEALTH PLAN**

PO BOX 22698

LONG\_BEACH, CA 90801

**UNITED HEALTHCARE**

PO BOX 30997

SALT LAKE CITY, UT 84130-7604

WWW.UHCONLINE.COM