



## Quick Reference Guide: Contact Information

Corporate Address	Doctors HealthCare Plans, Inc. 2020 Ponce de Leon Blvd., PH 1 Coral Gables, FL 33134
Corporate Office Business Hours	8:00 AM – 5:00 PM ET
Main Corporate Phone Number	(786) 578-0965
Provider Relations	(305) 422-9300
Medical Management-Authorizations	Prompt 1
Medical Management- Authorizations Fax	(786) 578-0291
Provider Relations Department & Claims Status	Prompt 2
Member Eligibility & Services	Prompt 3
Pharmacy	Prompt 4
Pharmacy Fax For Prior Authorizations	(858)357-2614
Member Services	(786) 460-3427
Member Services toll free	(833) 342-7463
Case Management	(786) 785-3427
TTY	711
Marketing & Sales	(786) 420-3427 (833) 639-3427
Fraud, Waste, and Abuse Hot Line	(833) DHCP911 (833) 342-7911
Behavioral Health (Magellan Health)	(800)424-1734
Dental & Vision (Argus)	(844)234-4550
Silver and Fit <a href="http://www.silverandfit.com">www.silverandfit.com</a>	(877)427-4788 TTY:(877) 710-2746
Hear USA	(800)333-3389 Option 1
Quest Diagnostics	(866) 697-8378
Over the Counter (OTC) <a href="http://doctorshcp.otchs.com">doctorshcp.otchs.com</a>	(888)628-2770 Option 1 TYT: (877)672-2688
<b><i>To report Fraud, Waste &amp; Abuse issues, please e-mail us to: <a href="mailto:reportfraud@doctorshcp.com">reportfraud@doctorshcp.com</a> or call the FWA Hot Line at: (833) 342-7911, this line is confidential and is available 24 hours a day, 7 days a week. To report Compliance issues, please e-mail us to: <a href="mailto:compliance@doctorshcp.com">compliance@doctorshcp.com</a> or call the Compliance Help Line at: (833) 500-3427. The Compliance Help Line is confidential, and is available 24 hours a day, 7 days a week, to report violations or raise questions or concerns related to compliance. Calls may be made anonymously</i></b>	
Transportation Services (Requires 72 Hours Prior Notice)	(786) 789-3427
Web site address	<a href="http://www.doctorshcp.com">www.doctorshcp.com</a>
Electronic Claims Submission (EDI)/Exchange	AVAILITY (PAYOR ID: DRHCP)

**Paper Claims Submission Only:** Your addressee posting/ intended recipient must be listed as indicated:

Doctors HealthCare Plans, Inc.  
Claims Department  
Box 132  
1825 Ponce de Leon Blvd.  
Coral Gables, FL 33134

**Participating Provider Claims Disputes:**

Participating providers may submit a Claim Dispute within one hundred twenty (120) calendar days from the date of the corresponding Remittance Advice. Claim Disputes submitted past one hundred and twenty (120) days from the date of the corresponding Remittance Advice will be considered a late filing and shall be rejected.

Supporting documentation must include the Remittance Advice and medical records; additional evidence may be required in specific cases. Incomplete submissions will not be accepted. Doctors HealthCare Plans, Inc. encourages you to submit your Claim Disputes online using the link: <https://www.doctorshcp.com/claim-dispute-form-par/>

**Non-Participating Provider Appeals:**

Non-Participating providers may submit a Claim Appeal within sixty (60) calendar days from the date of the corresponding Remittance Advice. Claim Appeals submitted past sixty (60) days from the date of the corresponding Remittance Advice will be considered a late filing and may be dismissed if good cause is not established.

Supporting documentation must include a signed waiver of liability (WoL) as required by the Centers for Medicare and Medicaid Services (CMS), the Remittance Advice and medical records. Claim Appeals can submitted online using the link: [www.doctorshcp.com/claim-appeal-form-non-par/](http://www.doctorshcp.com/claim-appeal-form-non-par/)

**DME/Home Health/Infusion:**



**Customer Service** (844)215-4264 Ext. 1530  
**Authorizations** (844)215-4264 Ext. 1533  
**Provider Relations** (844)215-4264 Ext. 1534  
**Fax:** (844)215-4265