



Integrity

Administrators, Inc.

KUSPUK SCHOOL DISTRICT
HOW TO SUBMIT A CLAIM:

1. **How to submit your claim:**

- *After you have been treated by a physician, complete the following:*
 - ✓ *Integrity Administrator's claim form*
- *Please remember that in order for us to process your claim for a payment:*
 - ✓ *You must attach a copy of the provider's statement or invoice.*

2. **How to check the status of your claim:**

- **Call (800) 562-9383 and select option #2. This will direct you to a claims staff member who can assist you.**
- *Be prepared to provide the following information:*
 - ✓ *Patient's name*
 - ✓ *Employee's name*
 - ✓ *Employee's identification number*
 - ✓ *Group name or number, if you have that available*
 - ✓ *Date of services you are calling to check status on*
- *The claims staff member will provide you with the following information:*
 - ✓ *Whether the claim has been received*
 - ✓ *If the claim has been processed*
 - ✓ *If the claim has been paid along with the date and amount of the payment*
 - ✓ *If the claim has not been paid, why it has not been paid and if it is going to be paid in the near future.*

3. **Ways to submit your claim:**

- ✓ *Integrity Administrators, Inc.*
P.O. Box 13128
Sacramento, CA 95813-3128
- ✓ *Fax: (916) 921-3383*
- ✓ service@integrityadmin.com



KUSPUK SCHOOL DISTRICT
WAYS TO SPEED UP THE PROCESS OF YOUR CLAIM:

1. ***Does your request include the following:***
 - ✓ *A signed and dated "Integrity Administrators Claim Form"*
 - ✓ *Make sure all of the information on the claim form is completed, if not it may delay processing time.*

2. ***Did you attach a copy of your provider's statement or invoice?***
 - ✓ *This is very important, so that we can determine what to pay you.*

3. ***If you have any questions***
 - ✓ *Please feel free to call Integrity Administrators, Inc. with any specific questions you might have before submitting your request.*

Customer Service
Contact Information:

Integrity Administrators, Inc.
P.O. Box 13128
Sacramento, CA 95813-3128

Fax: (916) 921-3383

service@integrityadmin.com

Maria Limon
(800) 562-9383 Ext. 314
Contact Person for Medical, Dental and Vision Claims,
Pre-Authorization for Hospital, Surgical and Air Travel

For Pharmacy Mail Order:
Send Mail Order Claim Form & Payment Directly To:
AllianceRx Walgreens Prime
PO Box 29061
Phoenix, Az 85038-9061
(800) 345-1985