

## CONTACTS

### Provider Concierge

**Phone:** 855-218-3334

**Email:**

[providerconcierge@healthteamadvantage.com](mailto:providerconcierge@healthteamadvantage.com)

### Benefits & Eligibility

*(verify member benefits/eligibility)*

**Phone:** 844-806-8217 (Option 1)

**Email:**

[providerbenefitseligibility@healthteamadvantage.com](mailto:providerbenefitseligibility@healthteamadvantage.com)

### Claims

*(status, reprocessing inquiries, payment inquiries)*

**Phone:** 844-806-8217 (Option 2)

**Email:** [htaclaims@healthteamadvantage.com](mailto:htaclaims@healthteamadvantage.com)

### Utilization Management: THN UM Department

**Phone:** 844-873-2905 (8 a.m.-5 p.m., Mon-Fri)

336-604-1589 (after 5 p.m.)

**Fax:** 844-873-3163

## PROVIDER REFUND MAILING ADDRESS

Attn: Provider Refunds  
HealthTeam Advantage  
7800 McCloud Rd. Ste 100  
Greensboro, NC 27409

## Split Billing Required for 2 Calendar Years

When treating a member and billing for services that span two calendar years, you **MUST** split the billing into two separate claims. By ensuring that only one calendar year is billed on a claim, we can assign the correct benefit and member financial responsibility to each claim. We apologize for any inconvenience, but this is a system requirement for HealthTeam Advantage and Teal Premier.



## PROVIDER PORTAL

24/7 online access to information on eligibility/benefits and claims status. Register at

<https://htaprovider.prod.healthaxis.net/login>

Log in to access:

- Member eligibility
- Member benefits
- Copay/cost-shares
- Coverage history
- Coordination of benefits
- Claim status
- Claim submission
- EOPs
- Checks

Need help registering?

[HAX For Provider Portal User Guide](#)

## ELECTRONIC CLAIMS SUBMISSION

We use SSIClaimsNet to provide claims clearinghouse services for electronic claims submission and real-time eligibility. Submit claims electronically whenever possible.

- Payer Identification (ID) number for HealthTeam Advantage PPO: 88250
- Payer Identification (ID) number for HealthTeam Advantage HMO CSNP, Diabetes & Heart Care Plan: 88350

### Claims Mailing Address

HealthTeam Advantage  
P.O. Box 94270  
Lubbock, TX 79493

## HOW TO SUBMIT A CLAIM DISPUTE

Send dispute letter to include the following:

- Member name
- ID number
- Claim number
- Detailed explanation of the dispute and supporting documentation

### Dispute Mailing Address

HealthTeam Advantage Claims Department  
P.O. Box 94270  
Lubbock, TX 79493