



BAPTIST HEALTH PLAN®

How to Submit a Claim for Covered Services

Members may request reimbursement for a covered service by submitting a copy of the claim and receipt of payment, or an itemized statement that includes the Practitioner's Tax Id, the procedure code and diagnosis code for the services rendered, within 12 months from the date of service. The request for reimbursement may be mailed or faxed to the Customer Service Department at Baptist Health Plan. The mailing address is Baptist Health Plan, 651 Perimeter Dr. Ste 300. Lexington, KY 40517. The fax number is 859-335-4110. Please include the member name, Identification number, if available, the date of birth, and a phone number where the member can be reached.