Out-of-Network Claim Instructions

Itemized Statement – Be sure to request this from your providers at the end of each visit. Please note that an itemized statements must contain the following information listed below:

a. Valid subscriber ID number including prefix
b. Patient name
c. Patient date of birth
d. Date of service
e. Charges
f. Diagnosis code and/or description
g. Procedure code and/or description
h. Place of treatment
i. Provider name
j. Provider address
k. Provider tax id
l. Provider NPI

- **INFORMATION MUST COME OVER LEGIBLE AND INCLUDE ALL OF THE ABOVE IN ORDER TO PROCESS.**
- **CLAIMS WILL BE SUBJECT TO TIMELY FILING GUIDELINES OF ONE YEAR.**

Paper Claim Mailing Address:
UFCW Local 655 Welfare Fund
300 Weidman Road, Suite A
Ballwin, Mo 63011

Submit by fax:
314.966.9848

Submit through portal

UFCW LOCAL 655
WELFARE FUND