

# Clover

## Quick Reference Guide

DEPARTMENT	PHONE	FAX
Provider Services	1-877-853-8019	
Care Management	1-888-995-1689	
Authorization Requests (UM)	1-888-995-1690	1-800-308-1107
Pharmacy (CVS/Caremark)	1-855-294-5979	
Appeals & Grievances	1-877-853-8019	1-732-412-9706
Member Services	1-888-657-1207	

FREQUENTLY USED SERVICES	QUICK LINKS	
To request a pre-authorization, check the status of an existing request, or view a list of required services	<a href="#">Pre-Authorization Lookup Tool</a>	
<b>To view pharmacy pre-authorization criteria</b> We typically respond to completed forms within 24 business hours.	via web: <a href="#">Pre-Authorization Request</a>	via print/fax: <a href="#">Pre-Authorization Request Form</a>
<b>To submit a claim</b> If you need to make any changes to an original claim you can resubmit a corrected claim using the above channels.	interconnect via Change Healthcare: Payer ID#: 77023	via mail: Clover Health P.O. Box 3236 Scranton, PA 18505
To find an in-network provider	<a href="#">Provider Directory</a>	
To view pre-authorization criteria	<a href="#">Formulary</a>	
To dispute a payment	<a href="#">Payment Dispute Form</a>	
	via fax: 1-732-412-9706	via mail: Attn: Appeals and Grievances Clover Health P.O. Box 471 Jersey City, NJ 07303
To appeal a pre-service denial	<a href="#">Clover Appeal Form</a>	
To appeal a Part D denial	<a href="#">Request for Redetermination of Medicare Prescription Drug Denial Form</a>	
For routine issues or operational items	<a href="#">Clover Provider Tools Page</a>	