

*******Important Claims Submission Information*******

For All County Providers!!

Addresses to send Claims, Encounters, PM160's, Healthy Families Wellness Forms, Claims Special Projects and Provider Disputes

Molina Healthcare of California (MHC) would like to remind you of the appropriate addresses to submit various claims documents for prompt processing. **Please use the P.O. Boxes provided below** for timely submission of your claims, PM 160s and encounter data.

If you have any questions, or require further assistance, please contact your Molina Provider Services Representative at (888) 665-4621 extension:

- 127680/127690 for Los Angeles County
- 128007/128010 for Riverside/San Bernardino Counties
- 123600 for San Diego County
- 126224 for Sacramento County

For Medi-Cal & Healthy Families - "Fee-For-Service Claims", please submit to:

P.O. Box 22702
Long Beach, CA 90801

For Medi-Cal & Healthy Families - "Encounter Data", please submit to:

P.O. Box 22807
Long Beach, CA 90801

For Medi-Cal & Healthy Families Claims Special Projects, please submit to:

MHC_SpecialProjects@molinahealthcare.com

For Medi-Cal & Healthy Families Provider Disputes, please submit to:

P.O. Box 22722
Long Beach, CA 90801
Attn: Provider Dispute Resolution Unit

Molina Advantage of California Encounters, please submit to:

P.O. Box 22802
Long Beach, CA 90801

For Molina Medicare Options/Options Plus Fee-For-Service Claims, please submit to:

P.O. Box 22811
Long Beach, CA 90801

For Molina Medicare Appeals, please submit to:

P.O. Box 22817
Long Beach, CA 90801
Attn: Provider Appeals

For PM160s, & Healthy Families Wellness Forms please submit to:

P.O. Box 16027
Mailstop "HFW"
Long Beach, CA 90806
Attn: CHDP Department

****Remember, on-line submission is now available through ePortal
Services at: www.molinahealthcare.com.**