

Participating Providers are encouraged to visit NaviNet.net or contact the applicable Customer Service Team (CST) during the following timelines to determine the status of any claim:

- **1.5 – 2 months from initial claim submission:** Participating providers should verify claim status online or call Geisinger Health Plan's applicable CST if an EOP has not been received by the participating provider within 1.5 – 2 months from the initial claim submission. Participating providers are encouraged to document the date of inquiry as well as the name of the CST representative with whom the inquiry was discussed.
- **2 months from initial claim submission:** A duplicate of any initially submitted claim may be resubmitted to Geisinger Health Plan when an EOP has not been received by the participating provider within 2 months from the initial claim submission and claim status and/or receipt by Geisinger Health Plan cannot be verified through direct inquiry with the applicable CST representative as described above. To expedite this resubmission process, a duplicate of any initially submitted claim may alternatively be faxed to Customer Service.

Please note that all faxed claims should be specifically addressed to the attention of the CST representative with whom you have spoken.

Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as "GHP" in this summary.

All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member's benefit document; 2) the participating provider's contract agreement; 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.

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