



Return claim form to:
 CoOpportunity Health
 P.O. Box 38
 Minneapolis, MN 55440-9984

Member Submitted Claim Form

Members should use this form if they received services from a non-network provider and the provider does not submit the claim to CoOpportunity Health on the member’s behalf.

Complete this form along with an itemized list of the services provided on the providers’ stationary. If you have questions please contact Member Services at 1.888.324.2064.

Provider Information

Full Name				
Street Address			Phone Number	
City		State		ZIP Code
Tax ID		License ID		Provider Number

Patient Information

Full Name			Member Number	
Street Address				
City		State		ZIP Code
Date of Birth			Gender	
Relationship to Policy Holder			Daytime Phone Number	

Claim Information

Please be sure to attach an itemized statement from the non-network provider which includes the following information:

- Date of Service
- Charge for Each Service
- Place of Service (office, hospital, etc.)
- Units of Service
- Diagnosis
- Procedure Code(s)

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CoOpportunity Health has contracted with HealthPartners Administrators, Inc. to provide claims processing, medical management and certain other administrative services. CoOpportunity Health is a service mark of CoOpportunity Health. CoOpportunity Health is a Qualified Health Plan issuer in the Health Insurance Marketplace for Iowa and Nebraska.