



CONTACT INFORMATION	
Member Support	855-672-2789; help@hioscar.com
Bilingual Support	855-672-2789
Internet Support	855-672-2789
Provider Services/Eligibility Verification Prior Carrier Deductible Credit	855-672-2789
Broker Support: BOR changes, renewals and group terminations	Rellison@hioscar.com or cignawestAM@hioscar.com 855-672-2713
Adds/Terms	Website: https://business.hioscar.com brokers@hioscar.com 855-672-2713
Commissions	rellison@hioscar.com
Billing	brokers@hioscar.com 855-672-2788
Claims	<p>Members: If you received services from an out-of-network Provider, and if that provider does not submit a claim to us, you can file the claim directly. To do so, send us a copy of your paid, itemized bill, along with a completed claim form (available on our website at http://www.hioscar.com/forms) You can send the information by mail to:</p> <p>Oscar Health Plan of California P.O. Box 52146 Phoenix AZ, 85072-2146</p> <p>Alternatively, you can send the information by email to claims at submissions@hioscar.com or by fax to 888-977-2062.</p> <p>Brokers (can only discuss claims with HIPAA auth on file): 855-672-2713</p>
Tax ID Number	47-3103726