

Provider LOCATOR



1. Go to
<http://www.yourproviderlookup.com>

Member Agreement

In order to continue, please read and accept the following notices.

IMPORTANT NOTICE:

The online provider directory is provided for reference purposes only. While every effort is made to ensure that we provide current, accurate data, provider information changes frequently. As a result, recent changes may not be reflected in the data presented here. We recommend that you contact your health care provider directly for the most accurate and up-to-date demographic and participation information.

By clicking, "ok" below, you acknowledge that utilization of a provider found on this site is not a guarantee of benefits, and that providers listed in this directory may not be available to all clients due to group-specific network restrictions and/or individual plan requirements. It is your responsibility to:

Contact the provider prior to accessing services to verify your new patient status, location and participation in our network.

Contact your plan administrator to verify your eligibility information.

California Required Notice: Some hospitals and other providers do not provide one or more of the following services: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion. To confirm provider participation or available providers for a specific location, call the toll-free provider information number on the back of your member ID card. To verify benefit and eligibility information, call your health plan's telephone number listed on your member ID card or speak with your employer's human resource representative.

☒ I acknowledge that I have received and read the above disclaimer

Continue

2. Read information in the box
3. Select **Continue**.

Click Here!



4. Click on **Select a Provider Type, choose physicians, select category.**

Locate a Provider

Create PDF Directory

Nominate a Provider »

Please present I.D. card to medical providers at the time of treatment. This card details the information necessary to direct bill and/or to ensure that you are reimbursed for appropriate expenses in the most efficient manner. If you have any questions about submitting claims or status of previously submitted claims, please call 866-298-9845. To submit a claim, please mail a HCFA or UB-92 form (completed by your provider) along with any additional documentation to:HMA, LLC.P.O. Box 22009Tempe, AZ 85285-2009

Click Here!



TYPE (required)

- Select a Provider Type -

Physicians

☐ ACUTE CARE (OUTPATIENT ONLY)

☐ ACUTE HOSPITAL

☐ ADDICTION MEDICINE

☐ ADDICTION PSYCHIATRY

☐ ADDICTIONOLOGY

☐ ADOLESCENT ALCOHOL & SUBSTANCE ABUSE

☐ ADOLESCENT MEDICINE

☐ ADOLESCENT THERAPY

☐ ADULT DAY CARE FACILITY

☐ AEROSPACE MEDICINE

☐ AFFECTIVE DISORDERS

☐ AIDS/HIV DISEASE

☐ ALCOHOL & SUBSTANCE ABUSE

☐ ALLERGY

☐ ALLERGY & IMMUNOLOGY

☐ ALTERNATIVE CARE FACILITY

☐ ALZHEIMER'S DISEASE

NAME

First Name

Last Name

Facility Name

Tax ID

LOCATION (required)

City

- Select a State -

OR

Zip

- Select -

- Select -

Within 5 Miles

Within 15 Miles

Within 25 Miles

Within 50 Miles

Within 100 Miles



5. Then **Select Zip Code & Radius**

6. Select Search Providers.

Click Here!



SEARCH PROVIDERS

Provider	Location	Savings
Providers will display here.	Location will display here	General Savings Discount