

WelbeHealth Provider Alert

Date:	August 4,2025
From:	WelbeHealth
To:	Health Plan Providers
Type:	Informational
Subject:	Paper Claim, PDR & Correspondence Submission
Business:	PACE
State(s):	California

Effective September 01, 2025, WelbeHealth will no longer accept claims, Provider Disputes or Correspondence via USPS mail to
PO BOX 30760
Tampa, FL 33630-3760

Claims that do not require an attachment must be submitted electronically through Office Ally at no charge to the provider or a clearinghouse of your choice. If you are a contracted provider, you can also submit claims through our provider portal.

WelbeHealth Payor ID: **WBHCA**
Provider Portal: **<https://welbehealth.quickcap.net>**

Claims requiring documentation can be faxed to **(626)209-4367**

Examples of documentation required are:

- Emergency Transports
- Services billed with an unlisted service code
- Services that require an invoice for pricing

Note: Medical records are not required for processing claims and should not be submitted via paper. Medical records can be sent medrechub@welbehealth.com

Provider Disputes and Correspondence can be faxed to **(626)498-2099** and must include the proper PDR or Correspondence form and documentation needed for review and processing.

If you have any questions, please contact your Provider Partnership Representative, or email the Provider Partnership team at providers@welbehealth.com . You may also visit welbehealth.com/partners. for online access to this document and all other WelbeHealth Provider Alerts.