

# PAI Payment Request

When using health insurance paid for by OA-HIPP/ADAP,  
Have co-pays for medical services paid  
(Except: medication, vision, dental and in-patient care)

## Steps:

### **Never pay copays in person.**

(Except for medication, vision, dental and in-patient care)

## **Collect the following paperwork for each medical visit:**

### **1. Filled out medical out-of-pocket claim form**

The form can be found at:

<https://tinyurl.com/PAIpayment>

(Fill out sections A – C)

### **2. Invoice/Bill**

(Request from provider at time of visit: doctor, referral, lab)

### **3. Explanation of benefits**

(Request from health insurance for each date of service)

## **Submit the above documentation to PAI in any of the following ways:**

**Fax: (860) 560 – 8225**

**Email: CDPH\_MBM\_Fax@pooladmin.com**

**Mail: PAI-CDPH-01, 626 Hebron Ave., Suite 502, Glastonbury, CT 06033**

## **You will receive a denial or approval letter in the mail**

(This will happen a few days after submitting application)

## **You can follow-up on your application by calling PAI customer service:**

**(877) 495-0990**

### **Note:**

**If you paid the copay in person, follow the above steps and, after approval, request refund directly from provider**