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