How to submit a claim to *Create*® health plans

Set up Electronic Claims

Contact Change Healthcare
1.800.845.6592

Submit Electronic Claims

Use Payor ID:
CREA8

Submit Paper Claims

Create Claims
P.O. Box 8116
Garden City, NY 11530

Provider Services

Contact us:
1.844.427.3878
providerinquiry@brightonhps.com

Provider Appeals

Create
P.O. Box 8118
Garden City, NY 11530

Correspondence

Create
1600 Stewart Ave.
Suite 700
Westbury, NY 11590

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