

## CALIFORNIA PROVIDER CONTACT LIST

Behavioral Solutions of California

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	OptumHealth Behavioral S California	olutions of		Optum
Behavioral Network Services	PO Box 880609 San Diego, CA 92168-0609 Phone: <b>(877) 614-0484</b> Fax: (855) 833-3724 BNSWest@optum.com			
Wellness Assessment Forms (ALERT®)	Wellness Assessments PO Box 27430 Houston, TX 77277 Phone: <b>(877) 369-2198</b> Fax: (800) 985-6894			
Care Advocacy Teams and Inpatient Authorizations (All inpatient care must be pre- authorized)	<ul> <li>(800) 333-8724</li> <li>Phones are answered 24 hours a day, 7 days a week</li> <li>In the event of an emergency, notify us immediately</li> <li>Facilities will send admission and discharge summaries to OptumHealth Behavioral Solutions of California/Optum for the purpose of ongoing treatment planning</li> </ul>			
24-Hour Intake Line	(800) 888-2998			
<b>Scheduling Appointments</b> (Clients referred to you must be seen within the following time frame)	Appointment Type Routine/Non- Emergency Urgent Emergency	Within 4	Health usiness days 18 hours e day	EAP Within 3 business days Within 24 hours N/A
We highly recommend that claims be submitted electronically at providerexpress.com	University of California, & Wells Fargo Mem	Care1st	Care1st Optum (UBH) Members	
	PO Box 30760 Salt Lake City, UT 84130-0760		PO Box 30755 Salt Lake City, UT 84130-0755	
If you are unable to file electronically, please use the appropriate address shown on the right.	Mail Handlers		UnitedHealthcare	
	PO Box 30756 Salt Lake City, UT 84130-0756		PO Box 30757 Salt Lake City, UT 84130-0757	
Appeals & Grievances	OptumHealth Behavioral Solutions of California & Optum Appeals & Grievances PO Box 30512 Salt Lake City, UT 84130-0512 Phone: (800) 999-9585 Fax: (855) 312-1470			
Claims & Eligibility	(800) 333-8724			
Provider Express Support	(866) 209-9320			
Language Assistance Program	(866) 374-6060			
Hearing & Speech Impaired Line	(800) 842-9489 (TTY)			