

## Provider Claims Payment Appeal

Providers can submit the Provider Claims Payment Appeal directly to Community Health Choice via Fax, e-mail, or mail to:

**Fax:** (713) 295 – 5016

**E-mail:** [ProviderWebInquiries@CommunityHealthChoice.org](mailto:ProviderWebInquiries@CommunityHealthChoice.org)

**Mail:** Community Health Choice  
Attn: Claims Payment Reconsideration  
4888 Loop Central Dr, Suite 600  
Houston, TX 77081

**Form:** [Provider Claims Payment Appeal Form](#)