

Spectera offers both in- and out-of-network benefits. Please consult your benefits brochure or [login](#) and select the My Benefits section of this Web site to determine if your plan provides an out-of-network reimbursement benefit.

If your plan has an out-of-network benefit, you will pay the out-of-network provider in full at the time of service. Then submit an itemized copy of the receipts along with a note requesting reimbursement.

Spectera Claims Department  
PO Box 30978  
Salt Lake City, UT 84130  
-or-  
Fax: 248-733-6060

Be sure to include the following information with your itemized receipt submission:

- Subscriber's name and address
- Patient's name and date of birth
- Subscriber's unique identification number