



Advocating for Members and Their Families

Personal and proactive outreach is the hallmark of the **Member Services team**.

When you work with our team, you'll never stand alone in the face of resolving a bill for healthcare services that exceeds your responsibility.

How will you know if you're being charged too much?

After receiving medical care, you will get an Explanation of Benefits (EOB) from your plan administrator specifying what you owe for services. If you receive a bill for more than this amount, immediately contact ELAP.



What will ELAP do for you?

Once ELAP receives your bill, you and your family are assigned a personal Member Services Advocate who will provide you with support every step of the way. After you give us written permission to advocate on your behalf, our team begins working to resolve the claim with your healthcare provider.

Who can you call with questions?

Your dedicated Advocate is your main line of support, continually monitoring the progress of your account while proactively keeping you up to date.

Have a question? Call or email your Advocate at any time. You'll get a response within 24 hours. We are always here to help you better understand your plan benefits.



Keep an Eye on your Mail

If it sounds easy, it's because it is. If you receive any billing correspondence in the mail, send it to us right away.

Your Advocate will take it from there, keeping you in the loop throughout the process.

Support is a phone call away
1-800-977-7381 (Hours: 8 am – 8 pm EST)
EMAIL: bb@elapservices.com

