

Adult Services Authorized Payment (ASAP) Telephone Invoice User Guide

When submitting an invoice via the telephone, please complete the following steps:

- Dial the ASAP toll-free number: **1-800-798-1409**
- You will be asked to enter your Provider ID: **Enter your 7-digit Bridges Provider ID**
- You will be asked to enter your PIN: **Enter your 5-digit PIN**
- To file claims: **Press 1**
- You will be asked to enter the **Service Begin Date**: The date must be 2-digit month, 2-digit day and 4-digit year (MM/DD/YYYY).
- You will be asked to enter the **Service End Date**: The date must be 2-digit month, 2-digit day and 4-digit year (MM/DD/YYYY).
- The system will begin to read back the names of the beneficiaries authorized to receive care in your facility. The message will say the following:
 - **“If the beneficiary is _____ and you provided personal care, press 1”**
 - **“To hear another name, press 2”**
- Continue pressing 2 until all residents are confirmed.
- Contact the beneficiary’s Adult Services Worker or Community Mental Health case manager if a resident is not on the list.
- The system will advise you that your invoices have been saved.
 - **“To hear a brief summary of the invoices created, press 1.”**
 - **“To review the invoices in detail, press 2.”**