Request for Claim Status

Phone:(877) 391-5921 option 3
Fax: (866) 461-9462

Date* __ __ / __ __ / __ __ __ __

Contact First Name _____ Contact Number ___ - ___ - ____ EXT. ____

Provider Tax ID _____ Fax Number ___ - ___ - ____

* Required Information. Please do not write in the grey areas.

Provider Name*	Member Name*	Member ID Number *	Date of Service *	Billed Amount	For Superior HealthPlan Use Only		
					Amount Paid	Check #	Status

Please allow five (5) buisness days for Superior HealthPlan to review and return request for Claim Status.