

Request for Claim Status

Phone:(877) 391-5921

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) business days for Superior HealthPlan to review and return request for Claim Status.