

### Request for Claim Status

Phone: 1-877-391-5921

Fax: 1-866-461-9462



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 DOB/Last 4 of SSN	Member ID Number *	Date of Service *	Billed Amount	For Superior HealthPlan Use Only		
					Amount Paid	Check #	Status

Please allow five business days for Superior HealthPlan to review and return requests for claim status.