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

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