Attn: Claims
Phone: 414-231-1029
Fax #: 414-231-1094

STATUS CHECK REQUEST FORM

Facility Name: _____ **Contact:_____**
Fax #: _____ **Phone #: _____**

Acct #:_____ Member Name: _____
Member ID #: _____ Date of Service: _____
Billed Amt: _____ Performing Provider: _____
Response: _____

Acct #:_____ Member Name: _____
Member ID #: _____ Date of Service: _____
Billed Amt: _____ Performing Provider: _____
Response: _____

Acct #:_____ Member Name: _____
Member ID #: _____ Date of Service: _____
Billed Amt: _____ Performing Provider: _____
Response: _____

Acct #:_____ Member Name: _____
Member ID #: _____ Date of Service: _____
Billed Amt: _____ Performing Provider: _____
Response: _____