



Provider Claims Inquiry Form

Please allow 4 weeks (electronic) and 6 weeks (paper) from submission date before inquiring on claim status. **Fax the completed form to 1-312-386-5676.**

Date Requested:			Contact Name:			
Organization Name:			TIN or NPI Number:			
Business Phone Number:			Fax Phone Number:			
Member Name:	Member ID Number:	Date of Birth:	Date of Service:	Billed Amount:	Servicing Provider:	Status: (THNM Use Only)

Completed By: _____

Date Faxed Back: _____