Claim Inquiry Form

I. DEMOGRAPHIC INFORMATION

Provider Name: _____

Carelon Provider ID #: _____

Member Name: _____

Member ID #:_____

Contact Person: _____

Telephone #:_____

II. NATURE OF INQUIRY (PLEASE CHECK ALL THAT APPLY):

Nature of Inquiry:

☐ Claim Status

☐ Disputed Denial

☐ Clarification of Adjudicated Claim

☐ Other (please explain)

Provider Signature: _____

Date:_____

III. FOR CARELON BEHAVIORAL HEALTH USE ONLY

Notes:

Processor Name: _____

Date: _____