



Provider Claims Status Fax Form

Fax: (877) 502-1567



Please complete form and fax to McLaren Health Advantage (MHA) and we will fax back a status response.

Date:	From:	
Phone Number:	Fax Number:	Number of Pages Faxed:

- Please allow 15 days for MHA to process and/or respond to all claims status fax forms
- Claims will not be reviewed if status is requested **less** than 30 days from the date MHA received the original claim
- Attach a copy of the original claim

Please complete the following information (required for each claim)	
Member Name:	Member ID #:
MHA Claim Number:	Date of Service:
Provider name:	Provider NPI#:
Procedure Code:	Charges:
Comments:	

MHA Status Response (for MHA use only)			
	Claim Processed	EOB Date:	Check #: Amount:
	Claim Denied	Reason:	
	Corrected Claim Needed	Correction Needed:	
Comments:			

If you have any questions, please contact Customer Service at (888) 327-0671.

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McLaren Health Advantage Customer Service (888) 327-0671
www.mclarenhealthadvantage.org