



HEALTH PLAN



HEALTH PLAN COMMUNITY



HEALTH ADVANTAGE

**Claims must first be statused via the McLaren CONNECT Provider Portal**

**Provider Claims Status Fax Form**

**Fax: 833-540-8648**

**Email: [MHPCustomerService@mcLaren.org](mailto:MHPCustomerService@mcLaren.org)**

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

|                |             |                        |
|----------------|-------------|------------------------|
| Date:          | From:       |                        |
| Phone Number:  | Fax Number: | Number of Pages Faxed: |
| Email address: |             |                        |

- Please allow 15 days for MHP to process and/or respond to all claims status fax forms
- Claims will not be reviewed if status is requested **less** than 45 days from the date MHP received the original claim
- Attach a copy of the original claim

**Please complete the following information (required for each claim)**

|                   |                  |
|-------------------|------------------|
| Member Name:      | Member ID #:     |
| MHP Claim Number: | Date of Service: |
| Provider name:    | Provider NPI#:   |
| Procedure Code:   | Charges:         |
| Comments:         |                  |

**MHP Status Response (for MHP 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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