

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

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

- Please allow 15 days for MHP/HA 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 MHP/HA 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/HA Claim Number:	Date of Service:
Provider name:	Provider NPI#:
Procedure Code:	Charges:
Comments:	

MHP/HA Status Response (for MHP/HA 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 Plan/Health Advantage Customer Service (888) 327-0671
www.mclarenhealthplan.org or www.healthadvantage.org