



# Claim Status Request Form

**For Quick Up to Date Claim Status information...  
Visit [www.mvphealthcare.com](http://www.mvphealthcare.com)**

| Submitter to Complete Boxes #1-5 |                      |                          |                            |                        | MVP Use Only          |                              |                    |                    |
|----------------------------------|----------------------|--------------------------|----------------------------|------------------------|-----------------------|------------------------------|--------------------|--------------------|
| #1<br>MVP ID<br>Number           | #2<br>Member<br>Name | #3<br>Date of<br>Service | #4<br>Practitioner<br>Name | #5<br>Billed<br>Amount | #6<br>Claim<br>Status | #7<br>Date Paid<br>or Denied | #8<br>Claim Number | #9<br>Check Number |
|                                  |                      |                          |                            |                        |                       |                              |                    |                    |
|                                  |                      |                          |                            |                        |                       |                              |                    |                    |
|                                  |                      |                          |                            |                        |                       |                              |                    |                    |
|                                  |                      |                          |                            |                        |                       |                              |                    |                    |
|                                  |                      |                          |                            |                        |                       |                              |                    |                    |
|                                  |                      |                          |                            |                        |                       |                              |                    |                    |

Submitter's name: \_\_\_\_\_

Submitter's Fax number (including area code): \_\_\_\_\_

Fax this form to **518.386.7419**. MVP will return this form to you within **five business days**.

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| MVP Use Only |
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