



## MEDICAID CLAIMS STATUS FORM

Fax: **313.921.0841**

Attention: **Claims Department**

Phone: **877.255.3055**

Receive Date: \_\_\_\_\_

Response Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Person completing status)

Provider Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Recipient Name	Recipient ID#	DOS	Total Billed Amount	Pro Care Response

**Disclaimer:** Pro Care's Status Form is intended to provide you with a current status of your claim submission. If you have any questions regarding the status of your claim(s), please contact our Claims Department at 1-877-255-3055 for further assistance. If you dispute the payment or denial of your claim(s), you may appeal the decision through our appeal process. For the most updated information regarding our Appeal Process and Filing Limits, you may access the on-line **Provider Manual** at [www.procarehp.com](http://www.procarehp.com)