ConnectiCare, Inc. & Affiliates
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Claims Status Request Form

Please complete this form to request the status of claims and fax to ConnectiCare at (860)674-2232
Commercial and Medicare members will need to be submitted on separate forms.
Please allow 30 days for response or contact Provider Services

Contact Name:_____ Contact Phone#_____ Contact Fax#_____
Physician/ Group Name:_____ Date:_____

Member Name	Member ID#	Member DOB	Date of Service	Provider ID#	Status/Explanation