

Customer Service Department  
Claim Status Form

Requestor Name:

Phone #:

Provider Name:

Fax #:

NPI #:

Completed by Provider Billing Department:

Patient's Name	ID Number	Patient DOB	Date of Service	Billed Amount

Completed by Memorial Hermann Health Plan:

Claim #	Approved Amount	Paid Amount	Member Responsibility	Check #	Date Processed	Reason Codes

NN – Processed In-Network

OON – Processed Out of Network

DED – Deductible

COI – Coinsurance

COP – Co-pay

SIP – Still in Process (allow 5-7 business days)

COB – Denied pending coordination of benefits information

FTS – Denied no full time student information

NCV – Denied not a covered benefit

NOF – Not on file

ITS – Itemized statement needed

TIM – Denied for Timely Filing

PRX - Denied for pre-existing investigation

AUT – Denied for no authorization

Please allow 24 to 48 hours for response.

\* You may fax your completed form to 713.338.6550 or email to [MHHealthPlanCSEscalations@memorialhermann.org](mailto:MHHealthPlanCSEscalations@memorialhermann.org)

\*\* For claim reconsideration, please fax any additional documentation to Customer Service, Attn: Claims Adjustment. Allow 7-10 business days for reprocessing.