

### HEALTH CARE PROVIDER CLAIM INQUIRY FORM

 Type of inquiry:     Claim Status     Rejection Questioned     Payment Amount Questioned     Network Availability

|   |       |                        |                  |
|---|-------|------------------------|------------------|
| Billing Provider Name (Last, First, MI) |       | Provider ID Number     |                  |
| Street Address                          |       | Name of Contact Person |                  |
| City                                    | State | Zip                    | Telephone (    ) |
|   |       |                        | Fax (    )       |

|                 |               |                      |  |
|-----------------|---------------|----------------------|--|
| Member Name     |               | Patient's Name       |  |
| Member ID       |               | Check Number         |  |
| Date of Service | Amount Billed | Date of Check or EOB |  |
| Claim Number    |               | Place of Service     |  |

Detailed Inquiry:

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Reserve National Insurance Company addresses and resolves provider inquiries related to the processing of claims as quickly as possible. If you would like us to investigate the way Reserve National has processed a particular claim, please complete this form and send it to us, along with the statement of remittance and any supporting documentation via fax to (405) 254-2111 or via mail to the following address:

MedMutual Protect  
 601 East Britton Road  
 Oklahoma City, OK 73114