

Instructions for Medicaid Correspondence Inquiry Form

A. *Provider Information*

1. Date of Inquiry – self-explanatory.
2. Provider Name – self-explanatory.
3. Provider Number – Enter the Medicaid provider number including the alpha prefix, if any.
4. Address – Provide the mailing address to which the inquiry response is to be mailed and check if it is a “Pay to” or “Service” address.
5. Telephone Number – Indicate a telephone number should telephone contact be needed to resolve an inquiry.
6. Name of Contact – Provide the name of the person who may be contacted if additional information is required.

B. *Inquiry Information*

8. Claim Number – If applicable, indicate the claim number of the claim in question. This number is shown on the remittance advice.
9. Purpose of Inquiry – Check the applicable block(s). Miscellaneous “Other” inquiries must be specified. Use lines to provide additional information or clarify an inquiry. If more than one inquiry is being made on the form, complete the second inquiry portion of the form. Depending on the number of inquiries being submitted, it may be necessary to complete more than one inquiry form.
10. Patient Name – Enter the patient’s full name in “last name, first name” order if inquiring about a claim. Do not use nicknames. Leave blank for general inquiries not specific to a claim.
11. Patient ID number – Enter the Medicaid ID number of the patient identified in number 10 above. The number should consist of a 10-digit case number. This number must be the same as entered on the submitted claim in question.
12. FM Code – Provide the FM code of the patient.
13. Dates of Service – Provide the “from” and “to” range of service dates billed on the claim. If applicable, the Remarks field may be used to identify specific dates in question.
14. Payment Date – If applicable, provide the date of the remittance advice containing the payment determination of the claim. Leave blank for claim status inquiries for outstanding claims.
15. Charge – Provide the net charge billed to Medicaid.
16. Allowance – If applicable, provide the Medicaid allowance made toward the claim.
17. Remarks – Provide any additional information, if applicable, that may clarify an inquiry.