

Provider Claim Inquiry Form

Instructions:

- This form must be used to submit 10 or more claim status inquiries.

- Allow 1-3 business days for a response once submitted.

- Call Customer Service at 1.844.522.5278 with any questions on this form.

- Send completed form via SECURE email to

ProviderInquiries@hf.org or upload to portal at

www.myAHplan.com/login

Practice Name		Provider NPI Number
Provider Name		Provider Tax ID Number
Street Address		Contact Person
City State		Telephone Number
State	Zip	Email Address

	Member Name	Member ID	DOB	Date of Service	Amount Billed	Amount Paid	Claim #	Procedure Code/Modifier	Status of: Claim / Reprocess / Dispute	Outcome (for Plan use only)
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