



PARAMOUNT

ELITE | COMMERCIAL/HMO

Claims Fax Inquiry Form

Attn. Provider Inquiry

Phone Number: 419-887-2564 | Toll Free: 888-891-2564

Fax: 419-887-2014 | Toll Free: 855-448-4705

Provider Information

From: _____ Phone: _____ Fax: _____

Provider Name: _____ Paramount Provider #: _____

Claim Information

Member Name: _____ ID Number: _____

Date of Service: _____ Billed Charges: _____

Paramount Response: _____

Member Name: _____ ID Number: _____

Date of Service: _____ Billed Charges: _____

Paramount Response: _____

Member Name: _____ ID Number: _____

Date of Service: _____ Billed Charges: _____

Paramount Response: _____

Member Name: _____ ID Number: _____

Date of Service: _____ Billed Charges: _____

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Paramount Response: _____