



PARAMOUNT

ELITE | COMMERCIAL/HMO

Negative Balance Report 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

Please complete the following form and return via fax to Provider Inquiry at 419-887-2014.

Date of Request: _____ Contact Name: _____

Phone: _____ Fax: _____

Provider Name: _____ Provider ID: _____

Tax ID: _____ NPI: _____

Check #: _____ EOP Run Date: _____

Check Amount: _____ Negative Amount: _____

Member ID: _____ Claim number: _____