



PARAMOUNT

ELITE | COMMERCIAL/HMO

**Benefit Fax Inquiry – Verification of Member Eligibility and Benefits**

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/Tax ID/NPI Number: \_\_\_\_\_

**Member Information – Please include applicable HCPCS Code(s) for DME, Orthotics, Prosthetics, and Pharmacy**

Member Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Services to be provided: \_\_\_\_\_

Comments/Questions from provider: \_\_\_\_\_

**Response from Paramount**

Member Effective Date: \_\_\_\_\_ Group Renewal Date: \_\_\_\_\_

Deductible: \_\_\_\_\_ Coinsurance: \_\_\_\_\_ Copay: \_\_\_\_\_

Maximum out of Pocket Maximum: \_\_\_\_\_ Amount Used: \_\_\_\_\_

Product Line of Policy: \_\_\_\_\_

Prior Authorization Required (Yes/No): \_\_\_\_\_ Pre-existing clause (Yes/No): \_\_\_\_\_

Additional Comments: \_\_\_\_\_