MOLINA HEALTHCARE

Status Claim Form

Current Date_____

Contact Person _____

All Status will be completed within 15 business days

Contact Phone No. _____

Molina Claim #	Mbr Last Nm	Mbr First Nm	Mbr ID	DOS	Billed Amt	Tax Id # and Provider Nm/Group	Provider Comments	MHM Claims Commets

Revised on: 5/5/09