



Fax Cover Sheet

Superior HealthPlan Provider Services

Fax number: 1-866-461-9462

Phone number: 1-877-391-5921

Provider Name:	Contact at Provider's Office:
Provider Phone Number:	Contact at SHP:
Provider Tax ID Number and NPI:	Reference Case #:

Reason for Fax:

- Claim status (Please list number of claims in the comments section and attach claim status form.)
- Request to update financial address (W9 must be attached and have recent signature)
- Request to update Provider set up (demographic form and/ supporting documentation must be attached. (For example TPI letters, contract letters from DADS)
- Authorization Issue (Please attach Confirmation letter from Medical Management or list authorization number and member information, date of service and units under the comments section.
- Other: (Please enter information in the comments section).

Comments:

Do not complete the shaded areas:

Date Received	Date Due	Reviewed By
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