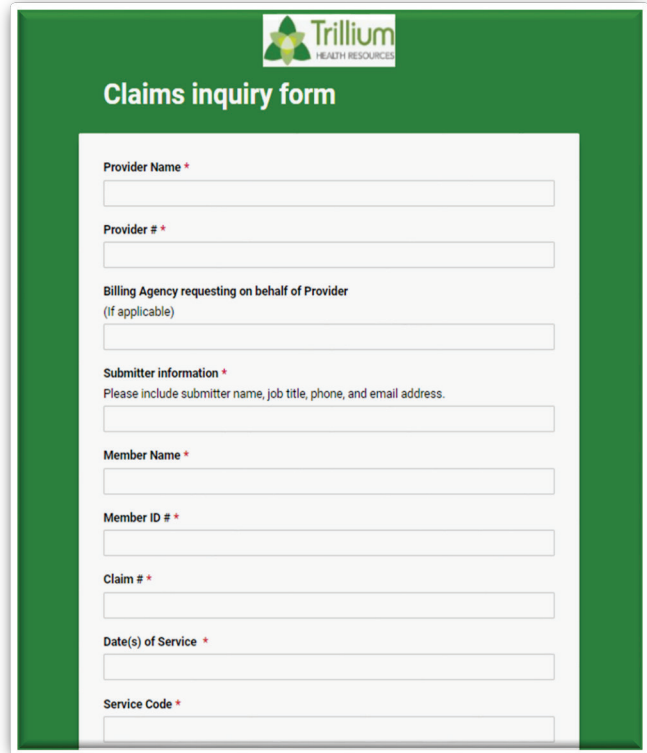


PLEASE FILL OUT THE CLAIMS INQUIRY SMARTSHEET FORM (AS FOLLOWS):

- ♻️ Provider Agency Name
- ♻️ Provider ID number assigned by Trillium Health Resources. This is available on the RA and Claims Status Report.
- ♻️ Billing Agency Requesting on Providers behalf (if applicable)
- ♻️ Submitter information. Please include submitter name, job title, phone number, and email address.
- ♻️ Member Name
- ♻️ Member ID number
- ♻️ Claim number
- ♻️ Date(s) of Service
- ♻️ Service Code
- ♻️ Provide an explanation in detail as to why this request is being submitted for the reasons selected above. Please provide as much detail as possible so Trillium can process your request without requesting additional clarification or information.



The screenshot shows a 'Claims inquiry form' with the following fields:

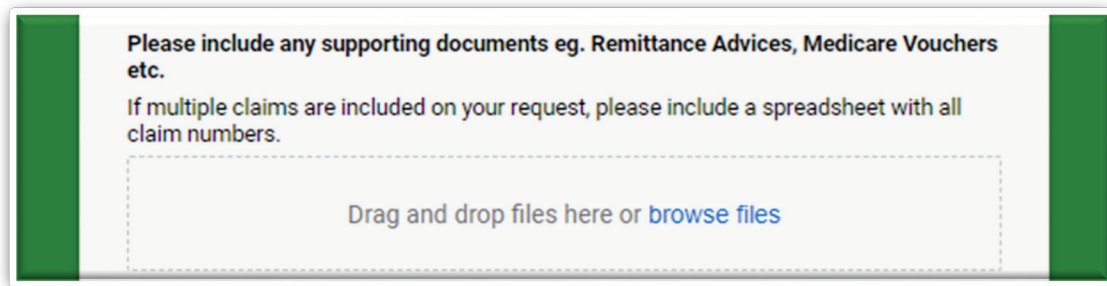
- Provider Name *
- Provider # *
- Billing Agency requesting on behalf of Provider (if applicable)
- Submitter information * (Please include submitter name, job title, phone, and email address.)
- Member Name *
- Member ID # *
- Claim # *
- Date(s) of Service *
- Service Code *

- **Example:** I submitted a CRF for member, Jane Doe on 5/20/23. The request to open the billing window was denied due to the service code not being in our contract. How do we fix this issue?

Please specify reason for Claim Inquiry *

- 🌱 Please attach any supporting documents such as Remittance Advices, Third party Information etc.

If multiple claims are included on your request, you will need to include a spreadsheet with all claim numbers.



Please include any supporting documents eg. Remittance Advices, Medicare Vouchers etc.
If multiple claims are included on your request, please include a spreadsheet with all claim numbers.

Drag and drop files here or [browse files](#)

- 🌱 Secure Request Submission.

Please be sure to select the "Submit" button (as shown below) to ensure your request is submitted.



Submit

Powered by  smartsheet
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[Claims Inquiry SmartSheet form](#)