BlueCross BlueShield of Texas

Request for Claim Status

Phone:1-855-212-1615

Fax: 1-512-349-4860

Email: TexasMedicaidNetworkDepartment@bcbstx.com

Date*

Contact First Name

Contact Number - -

EXT.

Provider Tax ID

Fax Number - -

*** Required Information. Please do not write in the grey areas.**

For BCBSTX Plan Use Only

Provider Name*	Provider TIN*	Member Name*	Member ID Number *	Date of Service *	Claim Number*	Billed Amount*	Amount Paid	Check Date	Check #	Status

Please allow three (3) business days for BCBSTX to review and return request for Claim Status.