

SOUTHWEST CARPENTERS HEALTH & WELFARE TRUST

P. O. BOX 17973

Los Angeles, CA 90017-0973

Telephone 213-385-0551 Fax 213-739-9329

(fax # for claim status only)

To verify claim status, please fax the following information:

TODAY'S DATE	
CONTACT PERSON	
PROVIDER NAME	
PHONE NUMBER	
FAX NUMBER	
MEMBER'S I.D.	
MEMBER'S NAME	
PATIENT'S NAME	
DATE OF SERVICE	
AMOUNT OF CLAIM	
DATE CLAIM MAILED	
TYPE OF CLAIM	Medical <input type="checkbox"/> Dental <input type="checkbox"/>
COMMENTS	

Do not write below this line.

Response

___ Check and/or EOB Mailed _____ Please review EOB for details
Check # _____ Amount _____ Paid to _____

___ Claim not in system. Rebill to P. O. Box 17973, Los Angeles, CA 90017

___ Pending Information from ___ Provider ___ Member

___ Unable to identify member name or Social Security number.

___ Unable to advice status of this claim because it is less than 30 day from date submitted.

___ Other