

ChiroNET Claim Status Request

FAX THIS REQUEST TO CHIRONET AT 817-886-8891 OR E-mail to : Claims@chironetservices.com

ATTN: CLAIM STATUS REQUEST

From: _____

Doctor: _____

Fax Number: _____

Date of Request: _____

Please list the patients below for whom you would like claim status.

	Patient Name	DOS	Reason for Request / Specific Information needed?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Status Request Responses below. The responses will match the corresponding numbers above.
(please allow 72 hours for ChiroNET to get the responses back to your office)

	Patient Name	DOS	Status
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			