Claims Status

CenCal HEALTH
Local. Quality. Healthcare.

CenCal Health Claims Inquiry Verification Form

Attention: CenCal Health Claims Department

CenCal Claims Fax#: (805) 681-8261

Provider/Facility Name:	**Provider Representative Name:**
Provider NPI	**Provider Fax#**

Member ID	Date(s) of Service	Billed Amount(s)	CCN(s)	Comments/Notes