



BlueCross BlueShield  
of Texas

### DME Request for Claim Status

Phone: 1-855-212-1615

Fax: 1-512-349-4860

Email: [TexasMedicaidNetworkDepartment@bcbstx.com](mailto: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.