

Texas Friendly

2401 South 31st Street Temple, Texas 76508
 Phone 800 321- 7947 Fax : 254 298 3385

Provider _____ Date of request _____
 Phone # _____ Fax # _____

Please check information requested below :

Eligibility _____

Benefits _____

Claims Status _____

Member Name/ Date of birth	Member ID# / Group #	Eff Date/ Anniv Date	Copay or Mbr Resp	DOS*	Billed Amount	Date claim rec'd	Claim Status *	Check # / Amount	Comments

* IP-Claim in process NC- No claim on file PD- Claims paid D- Denied (see comments) DOS- Date of Service
 Please allow three (3) business days for response from the Scott & White Health Plan
 ***** Note this is not a Statutory Verification of Payment*****