

Progressive Care Network Claim Status Inquiry

Vendor Name:

Contact Person:

Phone #:

Fax #:

Patient Name	ID #	Date of Service	HCPCS	Billed Amount
1				

PCN Response:

2				
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PCN Response:

3				
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PCN Response:

4				
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PCN Response:

5				
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PCN Response:

6				
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PCN Response:

**Fax request to Cheri
Progressive Care Network
317-596-3390**