

Request for Claim Status
 Send to below e-mail address
CENTURIONBILLING@CENTENE.COM



Date*

Contact First Name

Contact Number EX.

Provider Tax ID

Fax Number

					For Centurion Health Plan Use		
Provider Name*	Member Name*	Member ID Number *	Date of Service *	Billed Amount	Amount Paid	Check #	Status

Please allow five (5) business days for Centurion Health Plan to review and return request for Claim Status.