Claim Status Inquiry Authorization

This form is for ACUTE CARE providers only.

If you are a Long Term Care provider, contact TMHP's EDI Help Desk at 888-863-3638 to request the correct form.

The following information MUST be completed before you can be granted Claim Status Inquiry (CSI) access.

1. Enter your Production User ID: _____

2. Enter your Production User ID Password: _____

*The TMHP **Production User ID** (Submitter ID) is the electronic mailbox ID used for downloading your Claim Status Inquiry reports. For assistance with identifying and using your Production User ID and password, contact your software vendor or clearinghouse.*

3. Select Action:

A ☐ Add Claim Status Inquiry Privileges

B ☐ Revoke Claim Status Inquiry Privileges

4. Enter organization information:

*List the billing Texas Provider Identifier (TPI) and National Provider Identifier (NPI) number(s) you choose to access using the Production User ID given above. **Submit additional copies of this form if you need to add more TPI and NPI numbers.***

Provider Name *Must be the name associated with the TPI Base number listed at right.*	**7–Digit BILLING TPI Base Number** *The first 7 digits of the 9 digit TPI number.**	**10-digit BILLING NPI/API***

***Note:** *Performing TPI and NPI/API numbers do not have Claim Status Inquiry access. Enter only **BILLING** TPI and NPI/API numbers.*

5. Enter Requestor Information:

Name: _____

Title: _____

Signature: _____

Telephone Number: _____ ext. _____

Fax Number: _____ ext. _____

6. Return this form to:

Texas Medicaid & Healthcare Partnership
Attention: EDI Help Desk, MC–B14
PO Box 204270
Austin, TX 78720-4270

Or Fax to
512-514-4228 or 512-514-4230

DO NOT WRITE IN THIS AREA — For Office Use

Input By: _____ Input Date: _____ Mailbox ID: _____