

# 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:** \_\_\_\_\_

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, 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.**

<b>Provider Name</b> <i>Must be the name associated with the TPI Base number listed at right.</i>	<b>7-Digit BILLING TPI Base Number</b> <i>The first 7 digits of the 9 digit TPI number.*</i>	<b>10-digit BILLING NPI/API*</b>
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**\*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: \_\_\_\_\_