

Chiropractic Network of the Carolinas, Inc

CNC Fax Inquiry Form Will save you time And get quicker response To your issues!

Here is your master copy of the **CNC Fax Inquiry Form**. This form must be used for most of your CNC questions and issues. In most cases, we are unable to resolve an outstanding issue or answer your questions until you fax us certain needed information. CNC policies and procedures require that requests for CNC assistance and many other issues be submitted in writing, using this form. The form was designed to simplify your requests for our assistance and contains the most common questions/issues received by CNC as well as the required documents needed to resolve these issues for you.

Simply use this form to fax your inquiries to CNC **WITH THE REQUESTED SUPPORTING DOCUMENTATION** listed next to the question/topic. We will research your issue and respond back to you the same day or no later than 72 business hours from the time your fax was received by CNC! We recommend that you make copies of this and file this in your manual to use as your master copy. **If you will take a moment to fill in your personal information in the top section of the master before you make copies, this will save you time in the future.**

The consistent use of this form will save you time and allow us the opportunity to properly research your issue and respond to

you in a more timely manner. We appreciate your cooperation in the consistent use of this form. **ALWAYS USE THE CNC FAX FORM for assistance with the following issues and be sure to submit the requested information!**

Tracing claims

Determining if certain claims should be sent to CNC

Any changes in practice information

Verifying if CNC received a claim

Requests for survey packets or other information

CNC remittance reflects payment for a patient that is not a patient in your practice

Adding a provider to your practice

Completing your HCFA 1500 (ex: what goes in box 11, 11b, 11c?)

Use this form for any other questions or issues that you have We will research your issue and respond to your request within 72 business hours!

CNC FAX INQUIRY FORM

FAX TO: (704) 895-8664

PROVIDER TO COMPLETE	CNC TO COMPLETE
Date of Inquiry:	Date received by CNC:
Doctor's Name:	Time received by CNC:
Fax:	Date response sent:
Phone:	Time response sent:
Number of pages including cover:	Response prepared by:
From: (person):	

Indicate issue with a check mark in the box on the left. Return this form with ALL REQUESTED DOCUMENTAION as indicated.

Topic/Question Information that must accompany this request.

Should claims for this insurance plan be sent to CNC?	Copy of patient's insurance card.
What information is required in boxes 11, 11b & 11c.	Copy of patient's insurance card.
Has CNC received our claim?	Name of patient, ID#, name of insurance company and date of service.
Not our patient on a CNC remittance.	Copy of remittance (circle patient name); copy of EOB (circle patient name). CNC will adjust on your next check to correct.
Traced claim with payor. Payor stated CNC was paid but we have not received EOB or payment.	Name of insurance company, patient, amount paid by insurance company, date check was Issued to CNC.
Change of practice name.	Completed W-9 form with exact new name and effective date.
Change of practice location.	Letter with address of new location/phone/fax. Effective date in new location. Date of last date in old location.
Change of tax ID number.	Completed W-9 with effective date of change.
Please check status of claim.	Include Insured's name, Insured's DOB, patient name, patient DOB, member ID# and plan name.
Another question?	Indicate your question below: