

VICTORY BILLING
PRIORITY RESUBMITTAL REQUEST

Today's date _____

Doctor/Facility _____

Requested by _____

Please resubmit and/or correct the following claim(s):

Patient Name: _____

Date(s) of service: _____

What day did you call the carrier to check status _____ **?**

Status per carrier is _____
(not found, unpaid, wrong carrier, etc)

Indicate changes to be made prior to resubmitting (ID#, carrier, date of birth, insured party, group #, different carrier address, none)?

Do you have an EOB for these dates/services _____ **?**

If so, please fax the EOB(s) with your request to 731-423-1557.

For multiple requests, copy this page.