

Provider Inquiry Form

1. Provider Name				
2. Provider Address		City	State	Zip Code
3. NPI / Provider Number	4. Telephone Number	5. Provider's Office Contact Person		6. Date of Inquiry
7. Member Name (Last, First, MI)		8. Member ID		9. Dates of Service
10. Proc Code	11. Charge	12. RA Date	13. MED Record Number	14. Transaction Control Number
15. Service Request Number			16. Grievance & Appeal Number	
17. Nature of Inquiry				
18. Fiscal Agent Response				

Mail completed form to:
 Wyoming Medicaid Fiscal Agent
 Attn: Provider Services
 P.O. Box 1248
 Cheyenne, WY 82003-1248

