

Claims Status Request



Please complete all fields and submit via **SECURE EMAIL** only to:

For Commercial claims: CS@PacificSource.com | For Medicare claims: MedicareCS@PacificSource.com | For Medicaid claims: CommunitySolutionsCS@PacificSource.com

Please note: This request form serves as an alternative to finding claim status information through **InTouch for Providers**, which is recommended for its convenience and security. If InTouch isn't available to you at this time, please complete each of the fields below and send via secure (encrypted) email. Please allow 48 hours for a response. Thank you for your understanding.

Provider name	Provider TIN	Claim DOS	Member ID	Member name	Billed amount	Claim ID