

February 7, 2003

TO:

ATTENTION: CLAIMS PROCESSOR

Anoka County Human Services Division mailed the following claim(s) to you and have not received a disposition. We are requesting information as to the status of the claim and need a written notice of the final disposition of the claim(s) for our records.

Case Number:

Policyholder:

Patient:

I.D. #:

Patient birthdate:

Group #:

Vendor

Service Dates

Claim Amount

Date Filed

- 1.
- 2.
- 3.
- 4.
- 5.

If you have any questions or require more information, please contact me.

Sincerely,

**Placement Support Unit
763-422-7084**