

**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 265-1794.**

**For multiple requests, copy this page.**