Claims Inquiry Form
Steps Ahead Maternity Care Program

Please help us respond to your inquiries in a timely manner by using this form. List each claim inquiry below. Use additional pages if necessary (indicate number of pages being submitted). You may submit your own typed listing, as long as your information follows this format. Social Security #'s must be listed for all inquiries.

Service or Delivery Date	Last Name	First Name	Social Security #	Submission Date or Question	Steps Ahead Response, Status, Notes

# of Additional Pages: _____

Comments: _____

Request Submitted by: _____ Agency: _____
Phone: _____ Fax: _____

Mail Inquiry to: Steps Ahead PO Box 55947 Birmingham, AL 35255-5947 or fax to: (205) 933-1235

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