



## Request for Settlement

Please complete this form and fax it to 844-761-8402 along with any supporting documentation. Our Lien Resolution Team will contact you.

**Your Contact Information**

Name:  
Phone:  
Email:  
Fax:

ADJ Number:

Lien Relates to:

Medical Service  
Translation Service  
Language:  
Copy Service

Claimant Name:

Other:

Omaha National Claim Number:

Is the provider in our MPN?

Claim Status

Accepted  
Denied

Yes  
No

*If unsure, search for provider at [mpn.omahanational.com](http://mpn.omahanational.com).*

Date of Service	Original Bill Date to Omaha National	Documentation Provided		Was Second Bill Review Completed?		Was Independent Bill Review Completed?	
		Yes	No	Yes	No	Yes	No