SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES Healthy Connections BABYNET	**BabyNet Claims Inquiry Form**

SECTION 1: CHILD INFORMATION

BRIDGES ID #

SECTION 2: EARLY INTERVENTION SERVICE PROVIDER INFORMATION

Name:	Agency/Company:
E-Mail Address:	NPI:

SECTION 3: IDEA/PART C SERVICE INFORMATION

Date of Service MM/DD/YYYY	**Service Log ID**	**Claim Control Number (CCN)**	**Edit Code/Reject Code**

SECTION 4: COMMENTS

SECTION 5: INSTRUCTIONS

Submit this completed form to BabyNet@scdhhs.gov. You must include the BRIDGES # in the subject line of your email for your inquiry to process correctly. You will receive a ticket number in response. To track progress on your claims inquiry, you must record this ticket number for your records. Once your ticket has processed, you will receive an email from ServiceManager@scdhhs.gov. **Multiple tickets or direct emails for the same inquiry will not receive a response and will delay resolution.**

For questions or assistance, email BabyNet@scdhhs.gov.