Provider Claim Adjustment Request Form

This form does not initiate an Informal Claim Dispute / Objection Use this form as part of Managed Health Services' (MHS) provider claims inquiry process to request adjustment of claim payment received that does not correspond with payment expected. Adjustment Requests must be submitted **within 67 calendar days of the original determination** of the claim (the date of your Explanation of Payment or EOP).

All fields in the box immediately below are required information

Provider name:	Provider Tax ID Number:
Control Number:	Date(s) of Service:
Member Name:	Member (RID) Number:

Reason for Adjustment Request (please check):

- ☐ Claim was denied for no authorization, but authorization # _____ was obtained.
- ☐ Claim was denied for no authorization, but no authorization is required for this service.
- ☐ Claim was denied for untimely filing in error (proof of timely filing should be attached).
- ☐ Claim was paid to wrong provider
- ☐ Claim was paid for incorrect amount
- ☐ Other (please explain)_____

_____

_____

Date of Request: _____ Requestor Name:_____

Requestor Phone Number: _____

Please attach a Copy of the EOP(s) with Claim(s) to be adjusted clearly circled.

If claim(s) also required a correction, such as a valid procedure code, location code or modifier, include a copy of that page from your EOP with the claim circled, along with a copy of the new, corrected CMS-1500 or UB-04 form, marked "RESUBMISSION" across the top.

Mail completed form(s) and attachments to:

Managed Health Services
Post Office Box 3002
Farmington, MO 63640-3802

MHS' Claims Office will make reasonable efforts to resolve this request within 30 calendar days of receipt. That resolution may be:

1. Reprocessing your claim and issuing a notice to you on a current EOP and payment, or
2. A determination that reprocessing is not appropriate and issuing you a letter to that effect.

This Adjustment Request form does not initiate an Informal Claim Dispute / Objection and does not push back the deadline to file a written Informal Dispute / Objection, which is Step 1 of an official appeal and must be filed within 60 calendar days of original decision shown on your EOP. For more information, see the MHS Provider Manual.