Claim Correction Form

Physician offices are encouraged to submit claims electronically. This form should be used in situations where the provider cannot submit corrected claims electronically or where electronic submissions would not adequately address the issue.

Submitted To:

Plan/Payer Name: _____ Date Submitted: _____

Plan/Payer Address: _____

City _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____ E-mail: _____

Patient Name: _____ D.O.B.: _____
First M.I. Last

Subscriber Name: _____ Date of Service: _____

Policy #: _____ Group #: _____ Original Claim #: _____

Submitted From:

Provider Name: _____ TIN or ID #: _____

Contact: _____ Telephone: (_____) _____ Ext. _____

Fax: (_____) _____ E-mail: _____

THE FOLLOWING WAS CORRECTED ON THIS CLAIM:

- ❑ The patient's policy/group number was incorrect. The correct number(s) are shown above.
- ❑ The correct CPT code is _____ instead of _____
- ❑ Wrong date of service was filed. The correct date is _____
- ❑ Visits were denied based on the diagnosis given. Proper diagnosis code is _____ instead of _____
- ❑ Visit: ❑ Procedure: denied as over carrier's utilization limits. Please see attached letter to justify extensions of these limits.
- ❑ Carrier indicated that the patient is covered by another plan that is Primary. This is incorrect. Patient indicates you are Primary.
- ❑ The secondary carrier is: _____ ❑ There is no secondary carrier.
- ❑ The procedure was denied as medically not necessary. Documentation to support the medical necessity of this service is attached.
- ❑ Our clerk: ❑ Carrier's clerk: failed to enter correct number of times (units) procedure was performed. Correct units are as follows:
  D.O.S.: _____ Code: _____ Units: _____ Charge Total $: _____
- ❑ Multiple Surgical Procedures:
  - ❑ Carrier failed to approve any procedure at 100%.
    Carrier should have approved code _____ @ 100%/50% instead of _____
    Carrier should have approved code _____ @ 100%/50% instead of _____
    Carrier should have approved code _____ @ 100%/50% instead of _____
  - ❑ Carrier approved incorrect procedure at 100%.
- ❑ Modifiers should be attached to code(s)

	Code	Code		Code	Code
❑ -50	_____	_____	❑ -51	_____	_____
❑ -58	_____	_____	❑ -59	_____	_____
❑ -79	_____	_____	❑ -GA	_____	_____
❑ ___	_____	_____	❑ ___	_____	_____

- ❑ The following E/M visit was denied as included in the global surgical fee. In fact, the service was a significant separately identifiable service provided above and beyond the procedure and submitted with appropriate E/M modifier. Please reconsider with attached documentation:
  Code: _____ with modifier(s): ❑ -24 ❑ -25 Charge $: _____
- ❑ UPIN information for code _____ was omitted. Physician name: _____ UPIN: _____
- ❑ Plan specific provider I.D. omitted. The I.D. # is _____
- ❑ CLIA number was omitted. The CLIA number is _____
- ❑ The place of service was incorrect. The place of service should be _____
- ❑ The service was rendered at the physician's physical location listed in Box 32 of the claim form.
- ❑ Failed to attach EOB from Primary carrier. The EOB is attached to this form.
- ❑ Failed to enter correct information on indicated line of claim form.
  Line #: _____ Correct Information: _____
- ❑ Other reason for claim correction: _____
- ❑ Comment: _____