

## Corrected Claim – Standard Cover Sheet

Health Plan: \_\_\_\_\_ Product: \_\_\_\_\_

Attention: \_\_\_\_\_ Date Cover Sheet Prepared: \_\_\_\_\_

### CORRECTED CLAIM MUST BE ATTACHED

◆ This is NOT a DUPLICATE claim. Please forward to the appropriate area for reprocessing. ◆

#### Claim Identification Information: *(can't be processed without this number)*

Original Claim Number (from voucher): \_\_\_\_\_

#### Provider Office Contact Person:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Information: \_\_\_\_\_

**This claim is a corrected billing of a previous processed claim for the following reason(s):**  
***(can't be processed unless at least one of these boxes has been checked)***

☐

Corrected diagnosis

☐

Corrected procedure code (CPT or CM)

☐

Corrected date of service

☐

Addition, or correction, of modifier

☐

Corrected charges

☐

Corrected provider information

☐

Corrected patient information

☐

Other: \_\_\_\_\_

**For each box checked above, please be specific about the correction that was made**  
**(e.g. corrected diagnosis, date of service, etc. along with associated claim line(s) )**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Only attach supporting documentation if REQUIRED by health plan**

Supporting Documentation Attached?

☐

Yes

☐

No

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