**Corrected Claim Form**

A corrected claim is a claim that has been processed and needs to be corrected.

***Please type or print in ink.***

|  |
| --- |
| Patient Information |
| Last Name First M.I. | Member # |
| Claim # | Provider Name |
| **Reason for Review / Reconsideration** |
| **Please include supporting documentation, such as chart notes or a letter of medical necessity. Chart notes must be included for corrected diagnosis, date of service, patient information, procedure codes, and provider information.** |
|  Corrected diagnosis  Corrected patient information  Corrected provider information  Corrected date of service  Corrected procedure code (CPT or CM)   |  Preapproval Corrected charges (increased or reduced)  Bundled Claim  Corrected modifier (addition or change)  |
| ***Please note****:* Modifier changes require chart notes as well as an explanation. For example: Modifier 59—why do you feel this was a distinct and separately identifiable service? Or Modifier 22—why do you feel that additional reimbursement is warranted? Other: Please attach a copy of the corrected CMS 1500 or UB reflecting the changes noted above, and list any clarifications or special instructions in the space below:       |

**Please return this form to:**

PacificSource Community Solutions

Claims Department Research Analyst

PO Box 7068

Springfield, OR 97475

Fax: (541) 322-6438