Corrected Claim Form

PacificSource

This form is used for a processed claim that needs a correction.
If you hand write your answers, please use blue or black ink.

Patient Information

☐ Commercial ☐ Medicare ☐ Medicaid

Last name _____ First _____ M.I. _____

Member # _____ Claim # _____

Provider name _____

Reason for Review or 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 HCPC)
- ☐ Preapproval
- ☐ Corrected charges (increased or reduced)
- ☐ Bundled claim
- ☐ Corrected modifier (addition or change)

Please note that modifier changes require chart notes as well as an explanation. Modifier examples: 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.

_____

_____

_____

_____

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_____

Please return your completed form to the corresponding line of coverage.

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