



CORRECTED CLAIM FORM

Please submit the enclosed Corrected Claim Form with all corrected claims you send. The information you provide on this form will help us to more easily assess the reason for the change, which will result in a faster turnaround time. You should receive a form with claims we return to you, and you can find the form in the For Providers/Forms section of our Web site.

We strive to make the claims process as efficient as possible. You can help by reviewing the items below and returning the enclosed claims form as soon as possible.

Tips for expediting corrected claims

- Attach a Corrected Claim Form for every corrected claim.
- When correcting claims for multiple family members, please send a separate form for each family member.
- Include a description of the supply or service to be reviewed. This is especially important with unlisted procedures, a modifier such as 22 or 59, and when more than one service was performed on the same date.
- Include the reason for the correction, as well as necessary legible notes and other documentation. Please highlight the area of the notes that supports the requested change.
- Wait a minimum of one payment cycle before resubmitting claims for any member that is double-covered by PacificSource. Review your Explanation of Payment (EOP) to see if the second processing is included.

Return the Corrected Claim Form to:

PacificSource Health Plans
Claims Department Research Analyst
PO Box 7068
Springfield, OR 97475-0068
Fax: (541) 225-3634

Questions?

If you have any questions about corrected claims, please feel free to contact your PacificSource Provider Service Representative directly. You're also welcome to contact our Provider Network Department at (541) 684-5580 or toll-free at (800) 624-6052, ext 2580, or by e-mail at ProviderServiceRep@pacificsource.com.

541.686.1242 Local
800.624.6052 Toll Free

110 International Way
Springfield, OR 97477

PacificSource.com

**CORRECTED
CLAIM FORM**

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



Please type or print in ink.

GENERAL INFORMATION

Patient 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, corrected date of service, corrected patient information, corrected procedure codes, and corrected provider information.

- Corrected diagnosis
- Corrected patient information
- Corrected provider information
- Corrected date of service
- Corrected procedure code (CPT or CM)
- Precertification/Preauthorization
- 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:

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