

Corrected Dental Claim Form

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



Instructions: Please submit the enclosed Corrected Dental 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 can find the form in the Dental Providers section of our website: PacificSource.com/Providers/Dental, and then click on "Documents & Forms" under "Quick links and resources."

Mail the form to: PacificSource Health Plans, Claims Dept - Dental Processing, PO Box 7068, Springfield, OR 97475
Or fax: 541-246-1461

Tips for expediting corrected claims:

- Please type or print in ink, or use fillable fields in PDF version of form.
- Attach a Corrected Dental Claim Form for every corrected claim.
- When correcting claims for multiple family members, please send a separate form for each member.
- Include a description of the service to be reviewed. This is especially important with unlisted procedures 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.
- Wait a minimum of one payment cycle before resubmitting claims for any member who is double-covered by PacificSource. Review your Explanation of Payment (EOP) to see if the second processing is included.

Questions? If you have any questions about corrected dental claims, please feel free to contact our Dental Customer Service team at **866-373-7053** or email Dental@PacificSource.com.

1. General information

Patient last name _____ First _____ M.I. _____
Member ID No. _____ Claim No. _____
Provider name _____ NEA No. _____

2. Reason for review/reconsideration

Please include supporting documentation, such as chart notes, x-rays, and necessity. Chart notes must be included for corrected diagnosis, corrected date of service, corrected patient information, corrected procedure codes, and corrected provider information.

Corrected date of service Corrected patient information Corrected provider information
Preauthorization Corrected procedure code (CDT) Corrected charges (increased or reduced)

Please note: changes require chart notes as well as an explanation.

Other _____

Please attach a copy of the corrected dental claim reflecting the changes noted above, and list any clarifications or special instructions in the space below:
