



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.

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.

- | | |
|---|---|
| <input type="checkbox"/> Corrected diagnosis | <input type="checkbox"/> Precertification/Preauthorization |
| <input type="checkbox"/> Corrected patient information | <input type="checkbox"/> Corrected charges (increased or reduced) |
| <input type="checkbox"/> Corrected provider information | <input type="checkbox"/> Bundled Claim |
| <input type="checkbox"/> Corrected date of service | <input type="checkbox"/> Corrected modifier (addition or change) |
| <input type="checkbox"/> Corrected procedure code (CPT or CM) | |

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 Medicare
 Claims Department Research Analyst
 PO Box 7068
 Springfield, OR 97475
 Fax: (541) 225-3634