**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

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