

## Corrected Claim — Standard Cover Sheet

Health Plan: \_\_\_\_\_ Product: \_\_\_\_\_

Attention: \_\_\_\_\_ Date cover sheet prepared: \_\_\_\_\_

➤ **This is NOT a DUPLICATE claim. Please forward to the appropriate area for reprocessing.**

**Be sure to attach the updated claim form!**

### Claim Identification Information

Original Claim Number (from voucher): \_\_\_\_\_

### Provider Office Contact Person

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Information: \_\_\_\_\_

### This claim is a corrected billing of a previously processed claim for the following reason(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Corrected diagnosis           | <input type="checkbox"/> Corrected procedure code (CPT or CM) |
| <input type="checkbox"/> Corrected date of service     | <input type="checkbox"/> Addition, or correction, of modifier |
| <input type="checkbox"/> Corrected charges             | <input type="checkbox"/> Corrected provider information       |
| <input type="checkbox"/> Corrected patient information |   |
| <input type="checkbox"/> Other:                        |   |

**Any specific clarification/comment/instructions (e.g., the claim line that was corrected):**

**Supporting Documentation Attached?**  Yes  No

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