



A completed adjustment request form is required for each claim adjustment request. In addition, a copy of the RA and a copy of the corrected claim will help facilitate the adjustment process, but these are not required documents. If the adjustment request is for a crossover claim, please attach a copy of the Medicare EOMB. If the request is for an adjustment to the spenddown deductible amount, please attach a copy of the 8A form.

1. PROVIDER NPI NUMBER      Enter the ten-digit billing provider NPI number.
- PROVIDER NAME/ADDRESS      Enter the current billing name and address.
- CONTACT PERSON              Enter a contact name.
- PHONE NUMBER                Enter a current phone number.
2. PROGRAM                    Check the appropriate box of the program the claim is associated with.
3. REASON FOR ADJUSTMENT      Check the appropriate box for the reason of the adjustment request.
4. CLAIM NUMBER (ICN)        Enter the ICN of the claim to be adjusted. This can be found on the RA. Please use the most current ICN for the claim to be adjusted.
5. MEMBER ID NO.              Enter the member's 12-digit identification number (RID).
6. DATE OF SERVICE            Enter the From and Thru Dates of Service as billed on the claim.
7. AMOUNT PAID                Enter the Paid Amount of the claim to be adjusted.
8. CURRENT INFORMATION        Enter the current information from the claim that needs to be adjusted.
9. CORRECTED INFORMATION     Enter the information that the claim needs to be adjusted to.
10. EXPLANATION OF ADJUSTMENT      Give a clear explanation for the requested adjustment or refund.
11. SIGNATURE                 Enter the signature of an appropriate person such as a physician or billing clerk.
12. DATE                        Enter the date the request is submitted.