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## 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					
<p><b>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.</b></p>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Corrected diagnosis  <input type="checkbox"/> Corrected patient information  <input type="checkbox"/> Corrected provider information  <input type="checkbox"/> Corrected date of service  <input type="checkbox"/> Corrected procedure code (CPT or CM)           </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Preapproval  <input type="checkbox"/> Corrected charges (increased or reduced)  <input type="checkbox"/> Bundled Claim  <input type="checkbox"/> Corrected modifier (addition or change)           </td> </tr> </table>				<input type="checkbox"/> Corrected diagnosis <input type="checkbox"/> Corrected patient information <input type="checkbox"/> Corrected provider information <input type="checkbox"/> Corrected date of service <input type="checkbox"/> Corrected procedure code (CPT or CM)	<input type="checkbox"/> Preapproval <input type="checkbox"/> Corrected charges (increased or reduced) <input type="checkbox"/> Bundled Claim <input type="checkbox"/> Corrected modifier (addition or change)
<input type="checkbox"/> Corrected diagnosis <input type="checkbox"/> Corrected patient information <input type="checkbox"/> Corrected provider information <input type="checkbox"/> Corrected date of service <input type="checkbox"/> Corrected procedure code (CPT or CM)	<input type="checkbox"/> Preapproval <input type="checkbox"/> Corrected charges (increased or reduced) <input type="checkbox"/> Bundled Claim <input type="checkbox"/> Corrected modifier (addition or change)				
<p><b>Please note:</b> 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?</p>					
<input type="checkbox"/> Other: _____					
<p>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:</p>					
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>					

**Please return this form to:**  
 PacificSource Community Solutions, Inc.  
 Claims Department Research Analyst  
 PO Box 7068  
 Springfield, OR 97475  
 Fax: (541) 322-6438