

2009 Corrected Claims Form

(Dates of Service Prior to January 1, 2010)



Instructions for Completion of the Form:

Please complete and forward to Passport Advantage. This form should accompany your submission of corrected claims. You may submit multiple claims with one completed form. However, please use a separate form for each different error reason.

Date: _____

Are there multiple claims? (CHECK ONE)

Yes

If yes, please attach all claims and circle corrections made to each claim. You do not have to submit additional forms.

No

Type of claim: (CIRCLE ONE) CMS-1500 or UB-04

Provider Name: _____

Provider ID Number: _____

Member Name: _____

Member ID Number: _____

Original Claim Number: _____

Reason Code for Claim Adjustment: _____

Reason Codes:

(Select reason code from list below. Use one reason per claim.)

- | | | |
|--------------------------------|--|----------------------------|
| 01 - Corrected Date of Service | 06 - Billed in Error | 11 - Services Not Rendered |
| 02 - Duplicate | 07 - Primary Group Health Plan Insurance | 12 - Medical Necessity |
| 03 - Corrected CPT Code | 08 - No Fault Insurance | 13 - Other- Please Specify |
| 04 - Not Our Patient(s) | 09 - Insufficient Documentation | |
| 05 - Modifier Add/Remove | 10 - Workers Compensation | |

Please send this form and all corrected claims to:

Passport Advantage
P.O. Box 69325
Harrisburg, PA 17106-9325

If you have questions about this form, please contact the Provider Claims Service Unit (PCSU) at (800) 578-0775.