Please fill out all information for prompt claim processing.

Date:__________________________________________________  Document number: _______________________________________
Member name:___________________________________________  PHP number: _________________________________________
Date of service: __________________________________________   Office contact: _______________________________________
Provider name: __________________________________________  Phone number: _______________________________________

Reason for adjustment

☐ PHP Key punch error
☐ Provider key punch error (select from below)
   ☐ Incorrect number of units     ☐ Incorrect CPT/ADA code*
   ☐ Modifier omitted/incorrect     ☐ Incorrect site code
   ☐ Incorrect charge               ☐ Incorrect ICD-10 code*
☐ Other, please explain: ______________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
P
Please include the following documentation:

• A corrected claim form if there is a change from the original claim submitted.
• A copy of PRA (detailed statement)
• Appropriate documentation (e.g., office notes, operative notes, pathology reports, etc). When submitting coding change or request for additional reimbursement.

Complete when returning check

☐ PHP key punch error       ☐ Incorrect provider paid
☐ Service not rendered       ☐ Provider key punch error
☐ Third party liability      ☐ Workman compensation
☐ Other, please explain: ______________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Please mail completed requests to:             Or Fax to:
PHP Claims Department                                   260-436-9614
PO Box 2359                                              260-436-9614
Fort Wayne, IN 46801

Date: 20190311