

## Provider Claim Adjustment/Resubmission Form

Use this form to submit:

- Claim adjustments:
  - To correct a billing error in the initial claim submission.
  - To request claim reprocessing due to a previously partially paid claim.
- Claim resubmissions
  - To correct a previous invalid or incomplete claim.
  - To reprocess a claim which was previously missing claims information.

**Note: Adjustments and resubmission requests must be submitted within 365 calendar days of the date of service.**

All fields in the boxes below are required information:

Provider/Group Name	Provider Tax ID Number	Provider NPI Number	Provider County	Date of Service	Date of Last EOP
Member Name	Member ID Number	Claim Number*	Name of Person Completing Form	Phone Number	Email Address

\*Enter multiple claim numbers

Reason for adjustment/resubmission request (please check):

- Claim was denied for no authorization, but authorization number \_\_\_\_\_ was obtained.
- Claim was denied for no authorization, but no authorization is required for this service.
- Claim was denied for untimely filing in error (proof of timely filing should be attached).
- Claim was paid to wrong provider.
- Claim was paid for incorrect amount.
- Other (please explain below):

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Date of Request: \_\_\_\_\_ Requestor Name: \_\_\_\_\_

Requestor Phone Number: \_\_\_\_\_

**Please attach a copy of the EOP(s) with claim(s) to be adjusted clearly circled.** If claim(s) also required a correction, such as a valid procedure code, location code, or modifier, please also include a copy of that page from your EOP with the claim circled, along with a copy of the new, corrected CMS-1500 or UB-04 Form.

Mail completed form(s) and attachments to: Absolute Total Care, Attn: Corrected Claims, P.O. Box 3050, Farmington, MO 63640-3821.

Absolute Total Care's Claims Department will make reasonable efforts to resolve this request within 30 calendar days of receipt. That resolution may be:

1. Reprocessing your claim and issuing a notice to you on a current EOP and payment; or
2. A determination that reprocessing is not appropriate and issuing you a letter to that effect.

To dispute the outcome of a previously corrected or adjusted claim, please submit your request on a Provider Dispute Form, which can be found on our website at [absolutetotalcare.com](http://absolutetotalcare.com).

If you have any questions, please call Provider Services at 1-866-433-6041.