

Request for Claim Adjustment

Please attach a copy of this completed form to your revised claim when submitting a request for adjustment to Martin's Point Health Care.

If you have any questions regarding your claim or completing this form, please call Provider Inquiry at 1-888-732-7364.

Member Name

Member's ID

Date of Service

Claim Number

Provider Name

Tax ID Number

NPI

Contact Person

Contact Phone #

Please submit one claim per adjustment form. Check the box that best describes the circumstances in which the claim should be adjusted.

Check Reason for Adjustment Request (please check only one):

- | | |
|-------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Added/Deleted Charges | <input type="checkbox"/> Timely Filing—Proof of submission |
| <input type="checkbox"/> Date of Service correction | <input type="checkbox"/> Duplicate Adjustment |
| <input type="checkbox"/> Diagnosis correction | <input type="checkbox"/> Implant/High Cost Drug (please attach invoice) |
| <input type="checkbox"/> CPT or Modifier correction | <input type="checkbox"/> Provider information correction |
| <input type="checkbox"/> ICD-9 Procedure correction | <input type="checkbox"/> Pre-authorization number |
| <input type="checkbox"/> Place of service correction | <input type="checkbox"/> Coordination of Benefits adjustments |
| <input type="checkbox"/> Quantity correction | <input type="checkbox"/> Office notes/Surgical/Operative reports attached |
| <input type="checkbox"/> Co-pay/Deductible/Coinsurance adjustment | <input type="checkbox"/> Any other reason, please note below: |

Please submit this form with a corrected claim to:

Date Submitted: _____

Martin's Point Health Care
Claims Department
PO Box 11410
Portland, ME 04104-7410

Adjustment requests are subject to timely filing standards

