

Corrected Claim Standard Cover Sheet GENERAL INSTRUCTIONS FOR PROVIDERS

The Corrected Claim Standard Cover Sheet is completed when it is necessary to submit a corrected claim due to the **correction** of a diagnosis, date of service, charges, patient or provider information, procedure code, or a modifier addition or correction.

To save an electronic copy of the completed form in your records:

Completing the fields in the template form will not allow you to save it. Instead, before completing this form use the 'save as' function, rename the document, and place the document in a folder or file on your computer. Locate the saved form in your folder or file, complete each field, save and print.

The next time you access the template form on our Web site, a box with the question "Do you want to open or save this file?" will appear. By choosing 'save' and following the same steps noted above, you can save an electronic copy of the completed form in your records.

Instructions for electronic submission:

- Please submit a corrected claim electronically using the HIPAA 837 standard claims transaction:
 - Indicate the claim is a corrected claim by using the 'Claim Frequency Type Code' data field. The value of this field must be 7.
 - Indicate the reference number of the original claim using the 'Original Reference Number (ICN/DCN)' data field when it is available.

Instructions for paper submission:

- If you don't have electronic capability, follow these steps to complete and submit the Corrected Claims Standard Cover Sheet by U.S. Mail:
 1. Attach the updated claim form: CMS 1500 or UB-04 (formerly UB-92).
 2. Include the original claim number if available. *The original claim number will be located on the Explanation of Payment (EOP).*
 3. Complete each section of the Member Information area.
 4. Complete each section of the Claim Identification Information.
 5. **Mail** the completed form with attachments to the address noted on the form below.

This template may be updated periodically; don't print a large supply because it may become outdated.

Corrected Claim – Standard Cover Sheet

(A claim that has been processed and the claim needs to be corrected.)



❖ This is NOT a DUPLICATE claim. Please forward to the appropriate area for reprocessing. ❖

Member Name: _____ Member Number: _____
(MUST include plan prefix)

Date Cover Sheet Prepared: _____

Be sure to attach the updated claim form

Claim Identification Information:

Original Claim Number (from voucher): _____

Provider Office Contact Person:

Name: _____ Phone Number: _____

Other Information: _____

This claim is a corrected billing of a previous processed claim for the following reason(s):

- | | |
|--|---|
| <input type="checkbox"/> Corrected diagnosis | <input type="checkbox"/> Corrected procedure code (CPT or CM) |
| <input type="checkbox"/> Corrected date of service | <input type="checkbox"/> Addition, or correction, of modifier |
| <input type="checkbox"/> Corrected charges | <input type="checkbox"/> Corrected provider information |
| <input type="checkbox"/> Corrected patient information | |
| <input type="checkbox"/> Other: _____ | |

Any specific clarification/comment/instructions (e.g., the claim line that was corrected):

Supporting Documentation Attached? Yes No

Please mail to LifeWise at the following address:

LifeWise Assurance Company
PO Box 91059
Seattle, WA 98111-9159

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