

Physician/Provider Claim Adjustment Request Form

USE THIS FORM when submitting a **corrected claim / claim adjustment**, as well as the following:

- Other carrier EOB within 180 days of retraction
- Corrected claim within 180 days of denial disposition
- Corrected claim within 18 months of paid dispositions (Commercial only)

Use one form per claim to make adjustments to a claim that was previously submitted

Type of Claim:

- | | |
|---|--|
| <input type="checkbox"/> Blue Card | <input type="checkbox"/> FEP |
| <input type="checkbox"/> New England Health Plan (NEHP) | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> BCBSRI | |

Provider Information:

Claim Number: _____

Provider Name: _____

National Provider Identifier (NPI): _____

Member Information:

Member Name: _____

Member ID: _____

Date of Service: _____

Attachment:

- | | |
|--|---|
| <input type="checkbox"/> CMS-1500 Claim | <input type="checkbox"/> Medical Records/Supporting Documentation |
| <input type="checkbox"/> UB – 04 Claim Form | <input type="checkbox"/> BCBSRI/BlueChiP Plans Settlement* |
| <input type="checkbox"/> Other Carrier Settlement* | |
| <input type="checkbox"/> Other (please specify): _____ | |

Reason for Adjustment:

- | | |
|--|--|
| <input type="checkbox"/> Corrected claim (original submission error) | <input type="checkbox"/> Corrected Coding Review |
| <input type="checkbox"/> Referral / authorization obtained (Documentation attached with the auth#) | <input type="checkbox"/> Medical Records Review |
| <input type="checkbox"/> Review with additional documentation (Other insurance settlement, etc.) | |
| <input type="checkbox"/> Retraction request (filed in error, duplicate payment) | |
| <input type="checkbox"/> Other (please specify): _____ | |

Notes:

*Do not highlight line items on settlements. Use asterisks to identify relevant line items on your settlements. To comply with HIPAA, all other non-pertinent PHI on attached settlements must be blacked out.

Additional Comments: _____

Please be sure to submit all supporting documentation to:
Attn: Basic Claims Administration – Inquiry Unit 00066
Blue Cross & Blue Shield of Rhode Island
500 Exchange Street, Providence, RI 02903-2699

ADJUSTMENTS CANNOT BE MADE WITHOUT SUPPORTING DOCUMENTATION
 Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.