

CORRECTED CLAIM FORM TIP SHEET

*****DO NOT SUBMIT A CORRECTED CLAIM IF THE ORIGINAL CLAIM WAS DENIED IN FULL*****

This form can only be used with claims paid in full or partially paid claims.

Field Name	Information to include
Billing Provider Name	Billing Provider Name
TAX ID	EIN or SSN (9 digit) number for Billing Provider
Billing Address	Billing Provider Address
Phone Number	Billing Provider Phone Number
Member/Participant ID	9 digit member number OR 10 digit MCI number
Member/ Participant (Last Name, First Name)	Member/ Participant Name in (Last Name, First Name) format
Original Claim Number <i>*Required*</i>	Claim number of original claim that WPS processed – can be found on your Provider Remittance Advice (PRA) sent from WPS

‘FAE’ claim denials – Claim denied in full or partial denial

Once your service authorization is updated to allow an additional dollar amount or units, use this check box – you do not need to fill out any other information on the bottom of the form.

Medicare or Other Insurance made an adjustment to a prior payment

If a claim has been previously paid and Medicare or Other Insurance has made any adjustment, use this check box – you do not need to fill out any other information on the bottom of the form – **DO NOT USE THIS BOX FOR ANY OTHER REASON.**

Please check the appropriate box - example: increase in the original units billed, the 'Increase' box should be checked

INCREASE OR DECREASE

BILLED AMOUNT	ORIGINAL AMOUNT	The total charge billed on the original claim to WPS	NEW AMOUNT	The new total charge that should have been billed to WPS
UNITS BILLED	ORIGINAL UNITS	The total units billed on the original claim to WPS	NEW UNITS	The new total units that should have been billed to WPS

DO NOT SEND THE DIFFERENCE IN THESE FIELDS - SEND THE NEW TOTAL

CHANGE TO : REASON FOR CHANGE: _____

DATE OF SERVICE	ORIGINAL DATE	The original date of service on the claim billed to WPS	NEW DATE	The new date of service that should have been billed to WPS
AUTHORIZATION	ORIGINAL AUTH	The original authorization number on the claim billed to WPS	NEW AUTH	The new authorization number that the claim should have been billed with
CPT/HCPCS/REV	ORIGINAL CODE	The original service code on the claim billed to WPS	NEW CODE	The service code that the claim should have been billed with

IF YOU HAVE QUESTIONS ABOUT HOW TO FILL OUT THIS FORM – PLEASE CONTACT YOUR APPROPRIATE CALL CENTER NUMBER LISTED ON THE BOTTOM OF THE CORRECTED CLAIM FORM