



Claim Adjustment Form

This Claim Adjustment Form should be used to advise Health Plus of an error or inaccuracy of payment of a specific claim. Please refer to the claim number if filed electronically. If the claim was submitted on a HCFA 1500 please attach a copy of the claim form. It will be necessary to send a copy of the Provider Remittance Advice that accompanied the incorrect claim payment to allow tracing of the claim as it was processed.

Claim number, if known: _____

Mark the appropriate issue below demonstrating the reason the claim payment is felt to be incorrect:

- Incorrect copayment was calculated and applied
- Incorrect fee was calculated and paid
- Items on claim were not recognized and included for payment
- "Remit to" address was incorrect
- Other (please specify) _____

Complete this Claim Adjustment Form and fax along with the other requested information (HCFA 1500, EOP/Remittance Advice) to (318) 212-8695.

Thanks you in advance for your support and understanding.