
SECTION III – ADJUSTMENT INFORMATION

16. Reason for Adjustment

- Consultant review requested (Include supporting documentation.)
- Recoup entire payment
- Other insurance—dental / pharmacy with OI-P \$ _____
- Other insurance—professional / institutional / CLTS (Attach Explanation of Medical Benefits form, F-01234.)
- Copayment deducted in error Member in nursing home Covered days _____ Emergency
- Primary payer reconsideration
- Correct service line
- Correct or update prior authorization number
- Other / comments

17. **SIGNATURE** – Billing Provider

18. Date Signed

19. Claim Form Attached (Optional)

- Yes No

* This element does not apply to CLTS providers.