

# Adjustment Request Form

Call PHP at 1-800-982-6257 or 260-432-6690 or fax 260-432-0493

*Please fill out all information for prompt claim processing.*

Date: \_\_\_\_\_ Document number: \_\_\_\_\_  
Member name: \_\_\_\_\_ PHP number: \_\_\_\_\_  
Date of service: \_\_\_\_\_ Office contact: \_\_\_\_\_  
Provider name: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Reason for adjustment

- ☐ PHP Key punch error
- ☐ Provider key punch error *(select from below)*
- ☐ Incorrect number of units ☐ Incorrect CPT/ADA code\*
- ☐ Modifier omitted/incorrect ☐ Incorrect site code
- ☐ Incorrect charge ☐ Incorrect ICD-10 code\*
- ☐ Other, please explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Please include the following documentation:

- A corrected claim form if there is a change from the original claim submitted.
- A copy of PRA *(detailed statement)*.
- Appropriate documentation *(e.g., office notes, operative notes, pathology reports, etc)*. When submitting coding change or request for additional reimbursement.

## Complete when returning check

- ☐ PHP key punch error ☐ Incorrect provider paid
- ☐ Service not rendered ☐ Provider key punch error
- ☐ Third party liability ☐ Workman compensation
- ☐ Other, please explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Please mail completed requests to:

PHP Claims Department  
PO Box 2359  
Fort Wayne, IN 46801

## Or Fax to:

260-436-9614