



## Physician/Provider Claim Adjustment Request Form

**Type of Claim (check one):**

- BCBSRI
- BlueCard
- New England Health Plan (NEHP)  
(CTN, CTP, MTN, MTP, NHN, NHP, MEN, MEP)
- FEP
- Workers Compensation

Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Group Name: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

Office Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Member Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

**Attachment:**

- CMS-1500 Claim
- UB – 04 Claim Form
- Other (please specify): \_\_\_\_\_
- BCBSRI/BlueCHIP Plans Settlement\*
- Another Carrier Settlement\*

\*Note: Please do not shade or highlight line items when submitting settlements. Our imaging system is unable to identify shaded/highlighted areas. Please use asterisks to identify specific line items within your settlement. To comply with HIPAA, all other non-pertinent information on the settlement should be blacked out.

**Reason for Adjustment:**

- Not our patient
- Duplicate payment
- Service not performed
- Incorrect DOS billed
- Incorrect reimbursement
- Incorrect denial for primary primary payment (submit EOB)
- Incorrect # of units paid
- Incorrect provider # billed
- Incorrect CPT® code
- Incorrect ICD-9 code
- Referral/pre-auth obtained
- Incorrect member # billed
- Corrected claim copy (original submission error)
- Incorrect NPI # billed

Other (please specify): \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Please be sure to submit all supporting documentation to:**

**ADJUSTMENTS CANNOT BE MADE WITHOUT SUPPORTING DOCUMENTATION**

**Attn: Basic Claims Administration – Inquiry Unit – 00066  
Blue Cross & Blue Shield of Rhode Island  
500 Exchange Street  
Providence, RI 02903-2699**

CPT copyright by the American Medical Association (AMA). CPT is a registered trademark of the American Medical Association. CPT codes, code descriptions, and guidelines are copyrights of the AMA. All rights reserved.