



## **Adjustment Request Form Letter**

### **When does Medica use the Adjustment Request Form letter?**

- The Adjustment Request Form letter is used to indicate if information on the claim is missing or invalid or the provider is challenging reimbursement on the claim.

### **What does the provider do when an Adjustment Request Form letter is received?**

- Follow the instructions on the letter and return a copy of the adjustment request form.

If you have not received communication 30 days from the date of submission:

- Ensure all incoming mail is worked
- Work electronic reject reports
- Check status of claim electronically or by calling the Provider Service Center at 1-800-458-5512.

Please see the attached 'Sample' letter.

# MEDICA

\*\*rundate\*\*

\*\*provname\*\*

RE: \*\*mename2\*\*

\*\*paddr1\*\*

\*\*paddr2\*\*

\*\*pcsz\*\*

Service Request Audit/UFE Number: \*\*audnbr\*\*

Clinic Account Number: \*\*clinacct\*\*

Provider #: \*\*provnbr\*\*

Provider Name: \*\*provname\*\*

Date of Service: \*\*dos\*\*

Total Billed Amount: \*\*ambill\*\*

Original Claim Audit Number: \*\*auditnbr\*\*

We have received an Adjustment/ Service Request regarding the above-described claim. We are unable to process this service request because of either missing information, or because of the explanation listed below.

Please include a copy of this letter with your Service Request resubmission. Thank you.

BILLING PROVIDER:		PATIENT INFORMATION: Processor, please specify which line item code, or box found on the claim for is being referenced below.	
**x1**	Federal ID number missing or invalid. **freeform1**	**x3**	Please submit with National Drug Code (NDC) and dosage.
**x2**	Provider number missing or invalid for date of service. **freeform2**	**x4**	Place of service invalid or missing. **freeform4**
		**x5**	Date of service invalid or missing. **freeform5**
PATIENT INFORMATION:		Note: Member number includes: 5-digit group number + 9-digit subscriber Social Security number + 2 digit relationship code.	
**x7**	The member/group ID number is missing or invalid. **freeform7**		
Adjustment Request			
**x8**	Please resubmit claim on a correct HCFA 1500 form		
**x9**	Please resubmit claim on a correct UB92 form.		
**x10**	Please resubmit claim with a legible copy.		
**x11**	No adjustment necessary, per records Medica is prime **freeform11**.		
**x12**	Claim was previously processed on **adate1** with the check number **cknbr1**.		
**x13**	No adjustment necessary per **freeform13**.		
**x14**	We are unable to adjust this claim due to the age of the claim, you will be contacted regarding the refund of any outstanding overpayment via a separate letter.		
**x15**	The adjustment request you submitted for your patient, **mename** for date of service, **dos** **freeform15**.		

If you have questions or need further clarification, please call the Medica Provider Service Center at 1-800-458-5512.

PLEASE RETURN TO: \*\*procflinit\*\*

Medica  
PO Box 30990  
Salt Lake City, UT 84130