



# EPO/PPO CORRECTED PROFESSIONAL PAPER CLAIM FORM

## INSTRUCTIONS

Effective September 1, 2013, this form must be completed if you are making a correction to a previously submitted and adjudicated EmblemHealth EPO/PPO paper claim. All paper claims without this form will be processed as a new claim and denied as a duplicate.

1. Provide the original claim number\* \_\_\_\_\_
2. Check the box that corresponds to the claim information you need to correct and provide the correction.
3. When necessary, give a brief description of the change.
4. Mail this completed form and the corrected CMS Professional 1500 claim form to the PO Box that corresponds to your correction.

**Please mail this form and the corrected claim to: PO Box 2815, New York, NY 10116**

**Correct Provider**

Tax ID:

Physician Name:

**Correct Procedure Code**

Original Code:

Correct Code:

**Correct Member**

Original Member Name:

Original Member ID:

Correct Member Name:

Correct Member ID:

**Corrected Provider Bill Charge:**

\$

**Corrected Unit(s):**

With Procedure Code(s):

**Corrected Dates of Service:**

\_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

**Corrected Place of Service:**

**Other:**

**Please mail this form and corrected claim to: PO Box 3000, New York, NY 10116**

**Correct Modifier:**

With Procedure Code:

**Correct Diagnosis Code (Original Code):**

Correct Code:

**Coordination of Benefits: (EOB and claim attached to form.)**

\*You can look up the claim number by signing in to [www.emblemhealth.com](http://www.emblemhealth.com) and using the claims look-up feature.