PROVIDER CLAIM ADJUSTMENT REQUEST FORM

Use this form as part of Sunshine Health's Provider Claims Inquiry process to request adjustment of claim payment received that does not correspond with payment expected.

NOTE: Adjustment Requests must be submitted within 90 calendar days of the original determination or Explanation of Payment (EOP) for reconsideration.

All fields in the box immediately below are required information

Provider Name	Provider Tax ID#
Control Number	Date(s) of Service
Member Name	Member (RID) Number

Reason for Adjustment Request (please check):

- ❑ Claim was denied for no authorization, but authorization # _____ was obtained.
- ❑ Claim was denied for no authorization, but no authorization is required for this service.
- ❑ Claim was denied for untimely filing in error (proof of timely filing should be attached).
- ❑ Claim was paid to wrong provider
- ❑ Claim was paid for incorrect amount
- ❑ Other (please explain below):

_____

_____

_____

_____

_____

Date of Request_____ Name of Requestor_____

Requestor Phone Number _____

NOTE: If original claim submitted requires a correction, such as a valid procedure code, location code or modifier, include a copy of that page from your EOP with the claim circled, along with a copy of the new, corrected CMS-1500 or UB-04 form, marked "Corrected Claim" across the top.

Mail completed form(s) and attachments to: Or fax to 1-833-504-0580

Sunshine Health
Post Office Box 3070
Farmington, MO 63640-3823

Attach a copy of the EOP(s) with Claim(s) to be adjudicated clearly circled with the response to your original request for reconsideration.

Important Notice: Sunshine Health Claims Office will make reasonable efforts to resolve this request within 30 calendar days of receipt. That resolution may be:

1. Reprocessing your claim and issuing a notice to you on a current EOP and payment, or
2. A determination that reprocessing is not appropriate and issuing you a letter to that effect.

This Adjustment Request form does not initiate an Informal Claim Dispute / Objection and does not push back the deadline to file a written Informal Dispute / Objection, which is Step 1 of an official appeal and must be filed within 45 calendar days of original decision shown on your EOP. For more information, see Sunshine Health's Provider Manual.

(This form may be photocopied)