

MULTIPLE ADJUSTMENT / RECOUP REQUEST FORM INSTRUCTIONS

Field #	Description
1	Enter your provider name
2	Enter your 7 character Medical Assistance provider number
3	Check the reason for the adjustment / recoup (You may include additional information, if needed, in the area below the choices)
4	Enter the amount to be adjusted / recouped (Please note that partial recoups cannot be processed)
5	Enter the 15 digit internal control number for the claim
6	Enter the detail number
7	Enter the "From" date of service
8	Enter the "To" date of service
9	Enter the date of the Remittance Advice ("RA") on which the claim paid
10	Enter the recipient first and last name
11	Enter the recipient's 9-digit medical assistance number
12	Print the name of the person to be contacted should additional information be needed
13	Enter the contact person's phone number
14	Sign the form
15	Date the form

**Claims can be replaced and voided electronically if submitted within one calendar year. This makes corrections and resubmissions quick and easy. Please contact your provider representative for more information.