

# SIU/Provider Audit Professional Claim Adjustment



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Use this form to adjust a claim that processed in the BCBSND system. Claim Adjustment is the appropriate process for the following members: 1) Host (out-of-area) members; 2) FEP members (prefix of R); or 3) Local BCBSND members.

The adjustment form is for use only with claims identified by the SIU/Provider Audit department as incorrectly billed during the audit process.

Return completed forms by:

- Mail: Blue Cross Blue Shield of North Dakota  
Attn: Provider Audit/SIU  
4510 13th Avenue South  
Fargo, ND 58121
- Fax: 701-277-2458

Professional Claim Adjustment Information	
Provider Name	Individual Provider NPI
Patient Name	Date of Birth (MM/DD/YYYY)
Benefit Plan Number	Patient Account Number
From Date	Through Date
Claim Number	Total of Original Claim

Reason for Adjustment	From	To	Line(s) to Adjust
<input type="checkbox"/> Patient Name Change			All lines
<input type="checkbox"/> Date of Service Change			
<input type="checkbox"/> Dollar Amount Change			
<input type="checkbox"/> Provider NPI Change			
<input type="checkbox"/> Place of Service Change			
<input type="checkbox"/> Modifier Change/Addition			
<input type="checkbox"/> Diagnosis Code Change/Addition			
<input type="checkbox"/> Units Change			
<input type="checkbox"/> CPT/HCPCS Procedure Code Change			
<input type="checkbox"/> Other (Please explain)			

Comments

Contact Information
Contact