



HealthPartners®

# MEDICAL/DENTAL ADJUSTMENT REQUEST FORM

Payment adjustment requests include additional or corrected data that was not on the original claim or a request for a correction of payment. A HealthPartners claim number is required.

Minnesota providers must follow the AUC guide for electronic submission of adjustments.

## HealthPartners

Fully Insured and  
Self Insured Products  
PO Box 1289  
Minneapolis, MN 55440-1289  
952-883-7770 or 7755  
Fax 651-265-1230

## HealthPartners

Senior/Medicare Products  
State of MN Assistance/Medicare Products  
Federal Employee Group  
PO Box 9463  
Minneapolis, MN 55440-9463  
952-883-7699//888-663-6464  
Fax 952-883-7666

## HealthPartners

Dental Products  
PO Box 1172  
Minneapolis, MN 55440  
952-883-5165//800-642-1323  
Fax 952-883-5160

Provider Name \_\_\_\_\_

Billing Provider ID# NPI (preferred) or Tax ID \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone/Fax/Email \_\_\_\_\_

Patient Member Number \_\_\_\_\_ Patient Name \_\_\_\_\_

HealthPartners Claim Number \_\_\_\_\_

First Date of Service \_\_\_\_\_ Billed Amount\$ \_\_\_\_\_

**Please check applicable reason(s) and attach all supporting documentation**

### Coordination of Benefits

Amount other insurance paid: \$ \_\_\_\_\_

Patient Responsibility: \$ \_\_\_\_\_

Other Carrier Name: \_\_\_\_\_

- Medicare  Group  Auto  Work Comp  
 Dental  Other

Duplicate Payment

Late credit/charge

Charges billed in error

Incorrect Rendering Provider

Incorrect Billing Provider

Item returned

Previously denied authorization has been approved.

Authorization # \_\_\_\_\_

**Provide a complete description in the box below if selecting any of the following reasons.**

Corrected Coding

**\*copy of corrected claim also required\***

E1399/Unlisted Procedure Description

**\*\*Provide Description in Reason box below \*\***

Other

**Complete Description of Reason for Claim Adjustment:**

## **SUPPORTING DOCUMENTATION ATTACHED: (PLEASE CHECK BELOW)**

- New completed claim (HCFA/UB/ADA/other)  Remittance Advice  Refund  Medical Records  
 Spreadsheet  Other (describe) \_\_\_\_\_