Corrected (Replacement)/Voided Claim Request Form

Neighborhood Health Plan OF RHODE ISLAND™

910 Douglas Pike, Smithfield, RI 02917 : 1-800-963-1001 : nhpri.org

Pub060523

- An original red and white institutional (UB-04) claim must be typed, not handwritten, and contain a corrected (replacement) or voided bill type in Field 4, as well as the claim number to replace/void in Field 64.
- An original red and white professional (CMS-1500) claim must be typed, not handwritten, and contain Resubmission Code "7" for a corrected (replacement) claim, or an "8" for a voided claim, and the claim number to replace/void in Field 22.

STOP A claim that is a copy, is handwritten, or is missing the correct type of bill or resubmission code and/or the claim number to replace/void will be rejected or denied.

Instructions:

1. This form should only be used to make a correction, such as a change in diagnosis code or amended charges, or to void a **previously processed** claim. It should ***not*** be used to resubmit a rejected claim or to verify claim status.
2. Do not write, stamp, staple, or use correction fluid on the claim form.
3. This form must accompany your corrected or voided claim to ensure accurate processing. Please complete all fields below, and **use one (1) form per claim**.

4. Please complete all of the following, USING A SEPARATE FORM FOR EACH CLAIM:

Date of correction/void request	
Member Name & ID #	
Date(s) of service	
Claim number to replace or void	
Claim type	Replacement (7) ☐ Voided (8) ☐ (Choose one)
Provider Name, NPI# & Address	
Provider Phone # & E-mail	
Copy of Remittance Advice attached	Y ☐ N ☐ (Choose one)

5. The claim has been corrected to reflect a change in one of the following, or should be voided:

- ❑ Date of Service
- ❑ Place of Service
- ❑ Diagnosis Code
- ❑ CPT or HCPCS Code
- ❑ Modifiers
- ❑ Units
- ❑ Originally-billed Charges
- ❑ Additional information (EOB, Letter of Agreement, etc.)
- ❑ Other: _____
- ❑ VOIDED Claim

6. Please mail completed form and claim to: **Neighborhood Health Plan of RI**
PO Box 28259
Providence, RI 02908-3700

If you have any questions, please contact Provider Services at (800) 963-1001. Thank you.