



MEMO

To: Billing Personnel
From:
Date:
Re: Request for change in date of service for a previously submitted claim

Due to a high volume of provider requests for corrections to dates of services on previously submitted claims, Integra Partners is requesting clarification on the change request.

Please fill out the form below and submit the request to Integra Partners along with a copy of all the signed paperwork. Upon review of the information received, Integra Partners will determine if the change warrants a new claim or a corrected claim to be submitted to the insurance carrier.

Please keep in mind that if this issue becomes a constant reoccurrence Integra Partners will then be prompted to conduct an internal audit on your company.

Please fax all required documents to:

Claims Department
Fax:

Thank You,

Client Solutions team



Request change in date of service for a previously submitted claim.

Date of request: ___ / ___ / ___

Provider:

Requested By:

Claim Information:

Patient Name :
Bill number :
Insurance Carrier :
Date of Service :
Revised Date of Service:

Please give a brief statement describing the reason for the above mentioned change:

Completed By:

Approved / Denied

Date:

SUBMISSION OF THIS FORM DOES NOT GUARANTEE THE DATE OF SERVICE REQUEST CHANGE WILL BE APPROVED BY INTEGRA!
