

## PROVIDER CLAIM ADJUSTMENT REQUEST FORM

Use this form as part of NH Healthy Families Claims Inquiry process to request adjustment of claim payment received that does not correspond with payment expected.

**NOTE:** Adjustment Requests must be submitted within 180 calendar days of the original determination of the claim (the date of your Explanation of Payment or EOP).

All fields in the box immediately below are required information.

Provider Name	Provider Tax ID#
Control Number	Date(s) of Service
Member Name	Member (RID) Number

Reason for Adjustment Request (please check):

- Claim was denied for no authorization, but authorization # \_\_\_\_\_ was obtained.
- Claim was denied for no authorization, but no authorization is required for this service.
- Claim was denied for untimely filing in error (proof of timely filing should be attached).
- Claim was paid to wrong provider
- Claim was paid for incorrect amount
- Other (please explain): \_\_\_\_\_

Claim Request: \_\_\_\_\_ Requestor Name: \_\_\_\_\_

Requestor Phone Number: \_\_\_\_\_

**ATTACH: A Copy of the EOP(s) with Claim(s) to be adjusted clearly circled. Please do NOT send claim forms with a Claim Adjustment Request.**

**NOTE:** If claim(s) also required a correction, such as a valid procedure code, location code, or modifier, include a copy of that page from your EOP with the claim circled, along with a copy of the new, corrected CMS-1500 or UB04 form.

Mail completed form(s) and attachments to:

NH Healthy Families Attn:  
Adjustment Requests  
**P. O. Box 4060**  
Farmington, MO 63640-3800

**Important Notice:** NH Healthy Families will make reasonable efforts to resolve this request within 30 calendar days of receipt. That resolution may be:

1. Reprocessing your claim and issuing a notice to you on a current EOP and payment, or
2. A determination that reprocessing is not appropriate and issuing you a letter to that effect.

This Adjustment Request form does not initiate an Informal Claim Dispute / Objection and does not push back the deadline to file a written In formal Dispute / Objection, which is Step 1 of an official complaint and must be filed within 180 calendar days of original decision shown on your EOP. For more information, see the NH Healthy Families Provider Manual.

(This form may be photocopied)

[www.NHHealthyFamilies.com](http://www.NHHealthyFamilies.com)  
NH Healthy Families • 2 Executive Park Drive • Bedford, NH 03110 Provider  
Services (866) 769-3085