



840 Carolina Street
Sauk City, Wisconsin 53583-1374
(608) 643-2491 (800) 362-3310
Fax (608) 643-2564

Claim Adjustment/ Review Request

PROVIDER CONTACT INFORMATION

Provider Name: _____ Date: _____
Contact Name: _____ Provider Number: _____
Phone: (_____) _____ ext. _____ Email: _____
Fax: (_____) _____

MEMBER INFORMATION

Member Name: _____ Patient Account #: _____
Claim Number: _____ Member #: _____
Date of Service: _____

CODING CORRECTION/REVIEW

Please send form to:

Unity Health Insurance, Attn: Recoveries, PO Box 610, Sauk City, WI 53583
or fax to 608-643-2564

Please attach a copy of any necessary supporting documentation and/or a corrected claim.

- Coordination of Benefits
- Code bundling denial
- Corrected Charged Amount
- Corrected Date of Service
- Corrected diagnosis, procedure code, units or modifier
- Corrected Patient Information
- Corrected Place of Service
- Corrected Provider Information
- Description of unlisted/misc code
- Duplicate/Not a duplicate (circle one)
- Medical Records Review
- Meets emergent care criteria
- Proof of authorized service (authorization number _____)
- Proof of timely filing
- Other _____