

## **Submitting Claims for Adjustment**

Should a claim need to be adjusted for additional payment from CMH due to an error, the following information must be submitted by the provider:

- A copy of the original claim that has been corrected, if necessary
- A copy of the original Remittance Advice (Voucher)
- A notation attached to the claim requesting an adjustment, and an explanation of the request
- If a line item was rejected for insurance, submit a claim for that item only. Attach a copy of the Explanation of Benefits (EOB), if applied to the family's deductible or a copy of the insurance rejection letter