DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-13046 (07/12)

STATE OF WISCONSIN

FORWARDHEALTH
ADJUSTMENT / RECONSIDERATION REQUEST

Instructions: Type or print clearly. Refer to the Adjustment/Reconsideration Request Completion Instructions, F-13046A, for information about completing this form.

SECTION I — BILLING PROVIDER AND MEMBER INFORMATION

Indicate applicable program.

❑ BadgerCare Plus / SeniorCare / Wisconsin Medicaid ❑ WCDP ❑ WWWP

1. Name — Billing Provider	2. Billing Provider's Provider ID
3. Name — Member	4. Member Identification Number

SECTION II — CLAIM INFORMATION

5. Remittance Advice or X12 835 Health Care Claim Payment / Advice, Check Issue Date, or Payment Date	6. Internal Control Number / Payer Claim Control Number

❑ Add a new service line(s) to previously paid / allowed claim (in Elements 7-15, enter information to be added).
❑ Correct detail on previously paid / allowed claim (in 7-12, enter information as it appears on Remittance Advice or 835).

7. Date(s) of Service From	To	8. POS	9. Procedure / NDC / Revenue Code	10. Modifiers 1-4 Mod 1	Mod 2	Mod 3	Mod 4	11. Billed Amount	12. Unit Quantity	13. Family Planning Indicator	14. EMG	15. Rendering Provider Number

SECTION III — ADJUSTMENT INFORMATION

16. Reason for Adjustment

❑ Consultant review requested.
❑ Recoup entire payment.
❑ Other insurance payment (OI-P) **$**_____.
❑ Copayment deducted in error ❑ Member in nursing home. ❑ Covered days _____. ❑ Emergency.
❑ Medicare reconsideration. (Attach the Medicare remittance information.)
❑ Correct service line. (Provide specific information in the comments section below or attach a corrected claim.)
❑ Other / comments.

17. **SIGNATURE** — Billing Provider	18. Date Signed

Mail completed form to the applicable address:

BadgerCare Plus	WCDP	WWWP
Claims and Adjustments	PO Box 6410	PO Box 6645
313 Blettner Blvd	Madison WI 53716-0410	Madison WI 53716-0645
Madison WI 53784		

19. Claim Form Attached (Optional)
❑ Yes ❑ No

Maintain a copy of this form for your records.

Reset Form

F-13046