

CHARGE CORRECTION – PROVIDER NAME: _____

Original vs Correct	Date of Service	Patient Full Name	CPT	Dx	POS	Notes / Instructions
Original						
Corrected						
Original						
Corrected						
Original						
Corrected						
Original						
Corrected						
Original						
Corrected						
Original						
Corrected						
Original						
Corrected						

- Mistakes happen. If you find that charge information billed out doesn't match the services rendered, please complete this form with the claim information billed and the correct information below. Complete additional copies if needed.
- **POS (Place of Service) codes:** POS 11 = Office / POS 02 = Patient NOT at home / POS 10 = Patient at Home / Code telephone sessions with the correct CPT.
- **For more information on coding,** please visit www.professionalpractice.net > Provider Resources > Outside Links & Resources > Coding

Submit by: Fax: (503)419-4662 / Secure Email: billing@professional-practice.org / Mail: PO Box 503010, White City, OR 97503-0813