PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION

PALMETTO GBA
A CELERIAN GROUP COMPANY

Credit Balance Demand Letter Claim Adjustment Request

***ALL** fields are **REQUIRED**.*

This form should be used to request an adjustment to a claim that was included in a Credit Balance Demand letter because the adjustment could not be made successfully by the provider or by Palmetto GBA based on the information supplied with the credit balance report.
Example reasons why this may occur: Provider's claim adjustment has returned to the provider with a reason code they are unable to adjust, the provider has made multiple unsuccessful attempts to adjust a claim, and/or a hard copy UB04 was not initially provided for claim adjustment.
Note: This form is only to be used after the Credit Balance Demand Letter has been issued. This form should NOT be used to make any other types of corrections or to request a refund.

Provider Name:

Credit Balance Quarter End Date:

Patient Name:

Requestor:

Provider Number (PTAN):

Medicare Beneficiary Identifier (MBI):

Claim Number (DCN):

Requestor Telephone Number:

( ) -

Claim Date of Service From:

Claim Date of Service To:

Comments

Name (Please Print):

Signature:

Date:

PLEASE ATTACH:

- A copy of the Credit Balance demand letter.
- Please attach this form completed in its entirety. (One form per beneficiary)
- You must include a hard copy corrected UB04.
- You must include the primary insurance EOBs with MSP claim adjustments.

Please send this form and all additional documentation to

Fax: (803) 419-3277

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