

Charge Correction

Medical Record #

Invoice #

Date of Service

Procedure Code / Ln #

Charges

Charge Correction

Delete Charge

Reason for correction	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 98%; height: 20px;" type="text"/>	
<input style="width: 98%; height: 20px;" type="text"/>	
<input style="width: 98%; height: 20px;" type="text"/>	
<input style="width: 98%; height: 20px;" type="text"/>	
<input style="width: 98%; height: 20px;" type="text"/>	
<input style="width: 98%; height: 20px;" type="text"/>	

Reversal Request By:

Date:

Manager's Signature:

Date:

*** This section is when a charge correction is done.**

Location	<input style="width: 165px; height: 20px;" type="text"/>
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Provider	#	Date	CPT	Mod	DX1	DX2	DX3	DX4
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							

*** If a duplicate charge please pull both encounter from the scanner and attach.**