



# IRIS PAID CLAIM ERROR FORM

BERRIEN MENTAL HEALTH AUTHORITY / RIVERWOOD CENTER

Date: \_\_\_\_\_ Name/Title of Requestor: \_\_\_\_\_

**IMPORTANT:** If an error has been made on a claim which has already been paid, BMHA will void the claim and recoup the payment. If there is a correction to be made, enter a new corrected claim and include the new claim information to ensure correct payment or recoupment of the claim. A new claim **MUST** be entered for Payment to be made.

\*\*Billed rate issues do not need this form. Contact Claims Specialist.

<b>Provider :</b>			
<b>Consumer:</b>		<b>Case #:</b>	

### Paid Claim:

### Corrected Claim:

Paid Batch #	
Paid Claim #	
Date(s) of Service	
Code/Modifier	
Units	
Charge	
*Start Time	
*Stop Time	

Corrected Batch #	
Corrected Claim #	
Date(s) of Service	
Code/Modifier	
Units	
Charge	
*Start Time	
*Stop Time	

\*If Required

\*If Required

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

<b>Riverwood Reconsiderations:</b>	Date Received: _____
	By: _____
Date Voided: _____	
Approval Signature: _____	Date: _____

Please Fax Form to 269-934-3388 or email amy.groom@riverwoodcenter.org