



Corrected Claim – Standard Cover Sheet

This is NOT a DUPLICATE claim. Please submit to:
Molina Healthcare, Inc.
PO Box 22712
Long Beach, CA 90801

Be sure to attach the updated claim form!

Medicaid Medicare Marketplace

Participating providers have 120 days from the date of the original remittance advice to submit corrected claims.
Non-participating providers have 365 days from the date of service to submit corrected claims.

Original Claim Number (from Remittance Advice, if any): _____

Provider Office Contact Information

Contact Name: _____ Telephone Number: () - _____

Date Completed: _____ Other Information: _____

This claim is a corrected billing of a previously processed claim for the following reason(s):

- | | |
|--|---|
| <input type="checkbox"/> Corrected Diagnosis | <input type="checkbox"/> Corrected Procedure Code (CPT/HCPCS) |
| <input type="checkbox"/> Corrected Date of Service | <input type="checkbox"/> Addition or Correction of Modifier |
| <input type="checkbox"/> Corrected Charges | <input type="checkbox"/> Corrected Provider Information |
| <input type="checkbox"/> Corrected Patient Information | <input type="checkbox"/> Corrected Last Menstrual Period Date |
| <input type="checkbox"/> Corrected EPSDT Indicator | <input type="checkbox"/> Other: _____ |

Any specific clarification/comment/instructions (e.g., the claim line that was corrected):

Supporting Documentation Attached? Yes No

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