



One Monarch Place · Suite 1500  
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**ON TIME CORRECTED CLAIM FORM**

***Want to save time and have your claim processed more quickly?***

Submit your corrected claim electronically via HNEDirect. Be sure to check off the “Corrected Claim” box or the claim will be denied as a duplicate.

Please complete this form and attach it to the corrected claim. Send the form and supporting documentation to:

HNE Claims Department  
 One Monarch Place  
 Springfield, MA 01144

Please note: HNE does not accept On Time Corrected Claims via fax.

Corrected claims submitted within 180 days from the date of service are not considered Provider Appeals. If you have any questions, please contact your HNE Provider Relations Representative at: 413.233.3313 or 800.842.4464 ext. 5000.

Category	Process
<b>Please check appropriate Corrected Claim category:</b> <input type="checkbox"/> Corrected member information <input type="checkbox"/> Corrected date of service <input type="checkbox"/> Corrected missing procedure/diagnosis code/count <input type="checkbox"/> Corrected/missing location code <input type="checkbox"/> Corrected charge <input type="checkbox"/> Corrected provider information <input type="checkbox"/> Modifier added/removed <input type="checkbox"/> Other _____	<b>Please note: a corrected claim must include ALL charges that were submitted on the original claim.</b> If claim is <b><i>within 180 days</i></b> from date of service please: 1. Complete this form 2. Attach the HCFA 1500/UB04 Claim 3. Document on the claim(s) that it is an on-time corrected claim.  If the claim is <b><i>over 180 days</i></b> from date of service, submit it as a Provider Appeal on HNE’s Provider Appeal Form.

Today’s Date: \_\_\_\_\_ Claim Date(s) of Services: \_\_\_\_\_

Member Name: \_\_\_\_\_

Physician/Group Practice Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Original claim number (12 digit # found on EOP): \_\_\_\_\_

***Please provide a brief description of what has been corrected on the attached claim:***

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_