

Southwestern Connecticut Agency on Aging
Connecticut Home Care Program for Elders
10 Middle Street
Bridgeport Connecticut 06604-4229
(203) 333-9288 Fax (203) 696-3866

DATE

Provider:

RE: (Client):

REQUEST FOR CORRECTION

The attached claim is being returned to you for the reason(s) checked below. Please make the necessary corrections to the item(s) and return them, along with this letter within 15 days.

The attached claim has not been submitted for payment.

- Field ___ not filled in.
- In column 24A, "Dates of Service", both "From" and "To" columns have to be filled out. Even if the service is for one day, the date must be repeated in the "To" column.
- Field 31, "Signature of Physician or Supplier", not filled in or incomplete. If the claims are computer generated, the words, "Computer Generated" and the date, can be used in place of a signature.
- Column 24G, "Days or Units". When billing for Codes 1206Z, 1210Z, 1214Z, or T1004Z, please bill in QUARTER HOUR UNITS.
- Field 26, "Patient's Account Number", not filled in with your Performing Provider number or NPI number.
- Fields 29 and 30 must be blank.
- Field 32, "Service Facility Location Information", filled in with your Name, Address and field 32a Performing Provider number or NPI number and field 32b Taxonomy code.
- Fields 33, "Billing Provider's info & Phone" should only contain our Agency name, address(w/ 4 digit zip extension) and field 33a NPI number **1225163876** and field 33b Taxonomy code **250B00000X**.
- We do not show authorization:
- Other:
- Client was not a SWCAA client on submitted Date(s) of Service.
- Funding for _____ is Title XIX. Submit to EDS directly.
- Funding for _____ is Title XVIII. Submit to Medicare directly.