**Charge Procedure Addition and/or Correction Form**

SEND BY COURIER ONLY!!!
DO NOT SEND THROUGH CAMPUS MAIL
ATTENTION: RHONDA SCARVEY - DATA ENTRY CORRECTION
HSF 500 BUILDING, SUITE 306

Your Name: ____________________________ Extension: ______________
Patient Name: ___________________________ MR#: ________________
Invoice Number: _______________ Appt Number: ______________ Date of Service: _____________
Provider: _______________________ Division: _________ Billing Area: _________ Location: _________

**CHARGE CORRECTION:**

Please attach the following documentation to the cover sheet per charge correction when applicable:

- Copy of the charge ticket
- Copy of the letter from the physician office requesting a change in the diagnosis or CPT code

**Instructions and/or Reason for correction:**

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**CHARGE PROCEDURE ENTRY, ADDITION, REVISION AND/OR DELETION:**

- No Attending Physician present. (A-2776)
- No Charge – Adjust all procedures (A-2766) Provider and/or IDX user must mark sheet as no charge and sign.
- Research/Grant/Study Patient: (A-2767) Mark sheet as No Charge – Research. Adjust all procedures.
- Incomplete Procedure (A-2768) – Adjust all procedures or only procedure code ________________.
- Force Extract Charge – Procedure Code(s): ________________
- Other (please explain) ____________________________________________