
Individual Adjustment Request Instructions

1. **Type of adjustment** – Check the appropriate box.
4. **Internal Control Number (ICN)** – Enter the 13-digit ICN from the Remittance Advice (RA).
5. **RA Date** – Enter the date printed on the RA.
6. **Recipient name** – Enter the recipient's name.
7. **Recipient ID** – Enter the recipient's eight-digit Oregon Medicaid ID number.
8. **Provider name** – Enter your provider name.
9. **Provider number** – Enter the nine-digit Oregon Medicaid provider number. *If your number has six digits, please enter three leading zeroes.*
10. **NPI** – Enter your 10-digit National Provider Identifier (NPI).
11. **Description of original error** – Indicate the parts of the claim that need to be corrected. *Only check the box(es) you want to change.*
 - Place of service
 - Procedure Code/NDC/Revenue Code
 - Modifier
 - Quantity/Unit – *If you change this information, change the billed amount accordingly.*
 - Diagnosis
 - Prescribing/Rendering Provider
 - Billed Amount/Total Billed
 - Medicare Payment
 - Other Insurance/Patient Liability
 - Co-Insurance
 - Other
12. **Line no.** – For each error you want to correct, enter the line number where the error occurs, as listed on the original claim. *Please count lines as they appear on your original claim to determine the line number.*
13. **Service date** – For each error you want to correct, enter the date, or date range, of service for the service provided.
14. **Wrong information** – For each error you want to correct, enter the incorrect information that was submitted on your original claim.
15. **Right information** – For each error you want to correct, enter the correct information that should have been submitted on the original claim.
16. **Remarks** – Enter any other information you think necessary to accurately adjust your claim. *If you are combining services, please note that here.*
17. **Requester's name** – Enter the provider or authorized representative's name and phone number, followed by the date you completed the form.