

MaineCare Adjustment Request

- Use the MaineCare Adjustment Request form for claim adjustments and reversals ONLY.
- Ensure you provide all required information or your request will be returned.
- You must complete a MaineCare Adjustment Request form for every claim that needs an adjustment or reversal with a detailed explanation of why the adjustment or reversal is needed.
- You have one-hundred twenty (120) days from the date of the RA to submit a MaineCare Adjustment Request form.
- The Remittance Advice (RA) and supporting documentation must be submitted with each MaineCare Adjustment Request form. Attach documentation required to complete the request. One example of documentation that may be needed to complete a request is an Explanation of Benefits (EOB) from another carrier.
- You must send the original claim form. No copies will be accepted.
- Prior to adjusting a claim, make sure you know why the claim paid incorrectly.

A. Original Claim Information (Complete using information from the RA):

1. PROVIDER NAME & CONTACT INFORMATION	2. MEMBER NAME
Name	
	3. MEMBER ID NUMBER
Phone Number	
	4. ORIGINAL ICN NUMBER
Contact Name	
	5. REMITTANCE ADVICE DATE
Pay-To NPI/API	
	6. AMOUNT OF PAYMENT/REFUND

B. Reason for Adjustment Request (Check one and give detailed explanation below):

<input type="checkbox"/> Duplicate Payment	<input type="checkbox"/> Additional Reimbursement Requested Amount of Additional Reimbursement Requested: \$
<input type="checkbox"/> Refund Due To Payment By Primary Insurer – Please Send Primary EOB	<input type="checkbox"/> Refund to State Requested Amount of Reversal Requested:
<input type="checkbox"/> Billing Error	<input type="checkbox"/> Other

Detailed Explanation: _____

Signature: _____ **Date:** _____

Requests will be returned without the required information.

Mail Completed Request to:
 Adjustment and Research Unit
 MaineCare Services
 11 State House Station, M-500
 Augusta, ME 04333