



Claim Adjustment Request Form

The Claim Adjustment Request form is for **PAID CLAIMS ONLY**.

If a claim was billed incorrectly and reimbursed, this form should be completed with the appropriate Remittance Advice attached. The form should be mailed to:

**PBH Claims/Finance
245 LePhillip Ct
Concord, NC 28025**

Please do not send in any corrected paper claims. Once we receive your request and it has been processed, the Claim Specialist will contact you directly by phone and email. If a claim resubmission is necessary, you will be advised at that time.

Claim Inquiry/Correction Form

The Claim Inquiry/Correction form should be used for **UNPAID CLAIMS ONLY**.

If a claim was billed incorrectly and you have **not** been reimbursed, this form should be completed. Please make sure to include all the necessary information indicated at the top of the form. Once we have received and processed the request, the Claim Specialist will contact you directly by phone and email.

This form can be sent via fax OR email to your claims specialist.

Faxed inquiries, should be sent to the attention of your claims specialist at (704)721-7010.

For Alpha A-D, contact **Sheila Morton** at SheilaM@pamh.com

For Alpha E-H, contact **Deana Harkey** at DeanaH@pamh.com

For Alpha I-Q, contact **Beth Thompson** at BethP@pamh.com

For Alpha R-Z, contact **Annette James** at AnnetteJ@pamh.com

Note:

Please allow five business days from the receipt of the request for processing.

Effective 10/ 29/ 2007 PBH will no longer be accepting email or phone requests.

The Claim Adjustment Request and Claim Inquiry/Correction forms have been implemented to ensure an accurate audit tracking process.

Thank you for your co-operation.

- PBH Finance