

Medicare Part B

Billed Amount Adjustment Request Form
Procedure Code Adjustment Request Form
Procedure Code and Billed Amount Adjustment Request Form

BPC 346

State Kentucky Ohio Date
Contact Phone Number

Provider Information

Name Last 5 digits of Tax ID Number
Billing PTAN Number Billing NPI Number

Beneficiary Information

Name
Medicare Number

Service Date HCPCS ICN (one claim per form)

Adjustment Details

Line	Adjustment Type <i>B = Billed Amount, P = Procedure Code, Z = Both</i>	New Value <i>Procedure Code</i>	New Value <i>Billed Amount</i>
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Send to
J15 - Part B Correspondence
CGS
PO Box 20018
Nashville, TN 37202

