Provider Self-Disclosure Claims Recovery Template

#6c

County	Claim # (9 digits)	Claim number line item (1 digit)	Mbr#/MA Number	MbrName	Begin Date	End Date	Units Paid	Correct Units (enter 0 if full retraction)	Service	Proc Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Amount Paid on Original Claim	Amount of Overpayment