STATE OF MISSOURI
MO HEALTHNET

INDIVIDUAL ADJUSTMENT REQUEST

FORWARD ORIGINAL TO:
MO HEALTHNET DIVISION
ADJUSTMENT UNIT
P.O. BOX 6500
JEFFERSON CITY, MO 65102

☐ UNDERPAYMENT ☐ OVERPAYMENT

To facilitate the process, please attach the following:

1. Claim Copy
2. Remittance Advice Copy

PLEASE ENTER THE FOLLOWING DATA FROM YOUR REMITTANCE ADVICE

3. INTERNAL CONTROL NUMBER

4. PARTICIPANT MO HEALTHNET NUMBER

5. PROVIDER LABEL

6. PARTICIPANT NAME

7. REMITTANCE ADVICE DATE

RA PAGE NUMBER

MO HEALTHNET PROVIDER IDENTIFIER

PROVIDER TAXOMONY CODE

REFER TO PROVIDER MANUAL ADJUSTMENT SECTION FOR INSTRUCTIONS

INFORMATION ON REMITTANCE ADVICE					CORRECTED INFORMATION			
SERVICE DATE	NDC/PROCEDURE CODE	UNITS/QTY	BILLED AMOUNTS	PAID AMOUNTS	NDC/PROCEDURE CODE	UNITS/QTY	BILLED AMOUNTS	PAID AMOUNTS

INFORMATION ON REMITTANCE ADVICE	CORRECTED INFORMATION
Patient Surplus	
Other Resources (TPL)	

OTHER/REMARKS

PROVIDER'S SIGNATURE	TITLE	DATE