**ADJUSTMENT / VOID REQUEST**

NEW MEXICO MEDICAID

For requests **exceeding 5 claims**,

Contact provider support via email at NMProviderSupport@conduent.com for guidance.

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| [ ]  **ADJUSTMENT**Select Adjustment to make changes to a previously paid claim.* Submit this form with a corrected CMS-1500, UB-04 or Dental claim form with red drop out ink and legal claim notice.
* Include all attachments submitted with the original claim.
* Adjustment requests must be submitted within 90 days from the date of the Remit Advice (RA) form the original paid claim.
* Claims originally submitted via the web portal can be adjusted online (TCNs beginning with 9).
 | [ ]  **VOID**Select Void to cancel and recoup a previously paid claim.* A claim form is not needed for a Void request.
* Only entire claims can be voided
* Paid claims that need lines or a line voided should be submitted as adjustment.
* There is not a timely filing deadline for voids.
* Claims originally submitted via the web portal can be voided online (TCNs beginning with 9).
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| **ALL FIELDS BELOW ARE REQUIRED****(SECTIONS A,B,C,D)****INCOMPLETE FORMS WILL BE RETURNED** |
| **SECTION A: Provider Information**  | **SECTION B: Claim Information** |
| **NPI (Must be 10 digits)**OR**NM Provider ID**  | **Client ID#****TCN (Must be 17 digits)** |
| **SECTION C: Detailed Reason for Request**  |
|  |
| **SECTION D: Authorization**  |
| **Requestor Name****By signing below, I hereby certify that I am authorized to make the above request****Requestor Signature** | **Requestor Email****Requestor Phone****Date** |