Adjustment

Provider Number

Ministry use

Health Number	Version	Date of Birth (year month day)	Account Number	Payment Prog.	Payee	Location Code

Referred by	Facility Number	Inpatient Admission (year month day)	Original Claim Number

Service Code	Fee Submitted	No. of Services	Service Date (yyyy mm dd)	Assessment Code	Diagnosis	Explanatory Code	Fee Approved	Adjustment Reason	Item No.	Action Code

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fold here

Please detach here and return the top portion to the ministry. The bottom portion is a copy for your records.

Adjustment

Provider Number

Ministry use

Health Number	Version	Date of Birth (year month day)	Account Number	Payment Prog.	Payee	Location Code

Referred by	Facility Number	Inpatient Admission (year month day)	Original Claim Number

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