



Acute Hospital 3808 Correction Request Form
Please Complete the form and fax to Telligen Acute at 888-297-4276

Date 3808 Correction Requested: _____

Facility Name: _____ Facility Number: _____

Patient's Name: _____

Patient's MA Number: _____

UB04 Number/3808 Number: _____

Admit Date: _____

Request/Case ID Number: _____

Contact Name: _____

Contact Phone Number: _____

Contact Fax Number: _____

Contact Email Address: _____

If you only receive part of this transmission, or if transmission is illegible, please call the facsimile operator at 443-561-3320.

CONFIDENTIALITY NOTICE: The documents transmitted herewith may contain confidential information belonging to the sender, which is legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are notified that any disclosure, copying, distribution or the taking of any action or reliance on the contents of this faxed information is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone to arrange for return of the original document. R 6/1/16



Acute Hospital Correction Request Form
 Please Complete the form and fax at Telligen Acute at 888-297-4276

3808 Correction for:	Current Information:	Change Information to:
<input type="checkbox"/> Admission/ Discharge Dates		
<input type="checkbox"/> Diagnosis Code (Please list first 4 codes)	1) 2) 3) 4)	1) 2) 3) 4)
<input type="checkbox"/> Procedure Code (Please list first 4 codes)	1) 2) 3) 4)	1) 2) 3) 4)
<input type="checkbox"/> DRG		
<input type="checkbox"/> Facility Name or Number		
<input type="checkbox"/> MA Eligibility Dates Changes		
<input type="checkbox"/> Other		

Patient's Last Name: _____

Telligen Reviewer: _____

Date: _____

Accepted

Rejected