



CLAIMS REQUEST FORM INSTRUCTION

PLEASE FILL OUT THE CLAIMS REQUEST SMARTSHEET FORM (AS FOLLOWS):

Note: This form should not be used by providers to correct a billing error which resulted in a denial, overpayment or underpayment. Providers should resubmit claims with the correct billing details. The form can be used to request Trillium recoup a claim in full due to a billing error.

- Provider Agency Name
- Provider ID number assigned by Trillium Health Resources. This is available on the RA and Claims Status Report.
- Billing Agency Requesting on Providers behalf (if applicable)
- Submitter information. Please include submitter name, job title, phone number, and email address.
- Member Name
- Member ID number
- Service Code
- Claim number
- Date(s) of Service
- Billed Amount
- Paid Amount

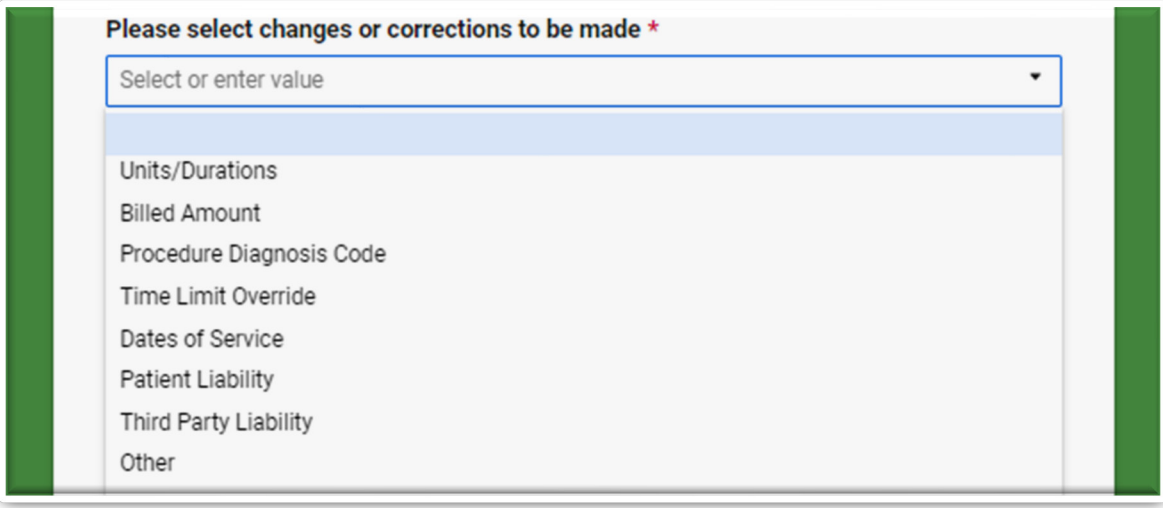
A screenshot of the "CRF-Billing Window form" from Trillium Health Resources. The form is titled "Claims Request Form" and includes a note: "All Claim Adjustment Requests/ New Claims must be submitted within the 90-day Billing period." It contains several input fields with red asterisks indicating required information: "Provider Name", "Provider #", "Billing Agency Requesting on Providers behalf (if applicable)", "Submitter information" (with a sub-note: "Please include submitter name, job title, phone number, and email address."), "Member Name", "Member ID #", "Service Code", "Claim #", "Date(s) of Service", "Billed Amount", and "Paid Amount".

PLEASE FILL OUT THE FOLLOWING SECTION AS INSTRUCTED BELOW:

A screenshot of a dropdown menu titled "Please select reason for submitting the request *". The menu is open, showing five options: "Overpayment", "Under Payment", "Full Recoupment", "Time Limit Override", and "Other".

- If reason for submitting is an Overpayment, please select this option.
 - An example of an overpayment may be related to a 60-day notice which was received from Trillium.
- If reason for submitting is an Under Payment, please select this option.
 - An example of an under payment could be a result of not billing the correct number of units or the correct rate was not billed.
- If a full recoupment is needed, please select this option.
 - An example of a full recoupment of a claim could be the result of discovering a claim was billed in error.
- Please select "Time Limit Override" for consideration of a time limit override, if a claim has been denied for being submitted after the billing period has expired and there is a reason outside of the provider control that prevented the claim from being submitted timely.
 - This request should include documentation that supports a time limit override.
- Please select "Other" if one of the above reasons does not explain your request.

PLEASE FILL OUT THE FOLLOWING SECTION AS INSTRUCTED BELOW:



Please select changes or corrections to be made *

Select or enter value ▼

- Units/Durations
- Billed Amount
- Procedure Diagnosis Code
- Time Limit Override
- Dates of Service
- Patient Liability
- Third Party Liability
- Other

- Select **"Units/Durations"** if the reason you are submitting this request is that the Units/Duration were incorrectly submitted on the claim.
- Select **"Billed Amount"** if the reason for the request is due to an incorrect billed amount submitted on the claim.

- Select **"Procedure Diagnoses Code"** if the Procedure/Diagnosis Code submitted on the claim was in error.
- Select **"Time Limit Override"** if you are requesting an extension for claims submission.
- Select **"Dates of Service"** if you the date(s) of service submitted was incorrect.
- Select **"Patient Liability"** if you are reporting a payment made to the provider agency by the enrollee not originally submitted on the claim.
- Select **"Third Party Liability"** if submitting an Explanation of Benefits (EOB) from a third-party insurance.
- Select **"Other"** if one of the above reasons does not apply to your request.
- Provide an explanation in detail as to why this request is being submitted for the reasons selected above. Please provide as much detail as possible so Trillium can process your request without requesting additional clarification or information.
 - **Example:** I received a notice of a pending recoupment from Trillium for \$165.00 for claim number 12345, please process this recoupment immediately, I waive the 60-days requirement and grant Trillium permission to recoup the amount in full.

Please specify reason for request *

- Please attach any supporting documents such as Remittance Advices, Third party Information etc.
- If multiple claims are included on your request, you will need to include a spreadsheet with all claim numbers.

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Drag and drop files here or [browse files](#)

SECURE REQUEST SUBMISSION

- Please be sure to select the "Submit" button (as shown below) to ensure your request is submitted.

A screenshot of a web form submission area. It features a light gray background with a dashed rectangular box at the top, likely for a signature or stamp. Below this, there is a dark gray button with the word "Submit" in white text. At the bottom of the form area, it says "Powered by" followed by the SmartSheet logo and name. Below that, there are two links: "Privacy Notice" and "Report Abuse". The entire form area is framed by a thin white border, and there are green vertical bars on the left and right sides.

[Claims Request SmartSheet form](#)