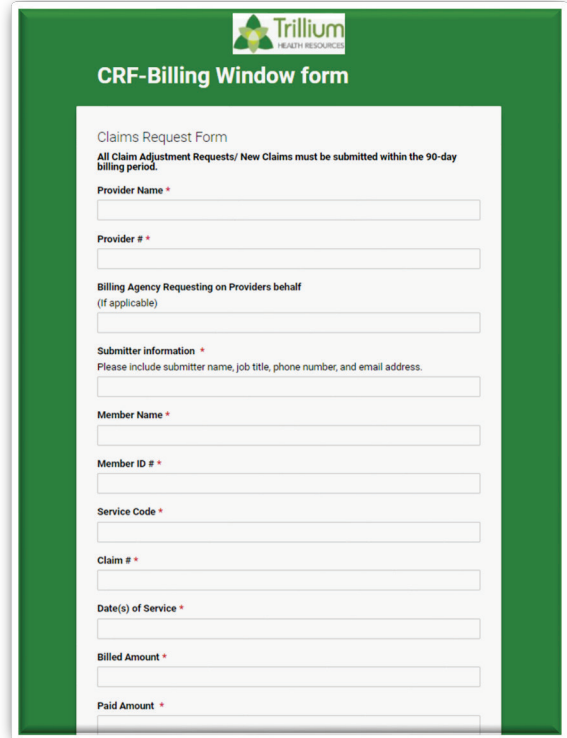


PLEASE FILL OUT THE CLAIMS REQUEST SMARTSHEET FORM (AS FOLLOWS):

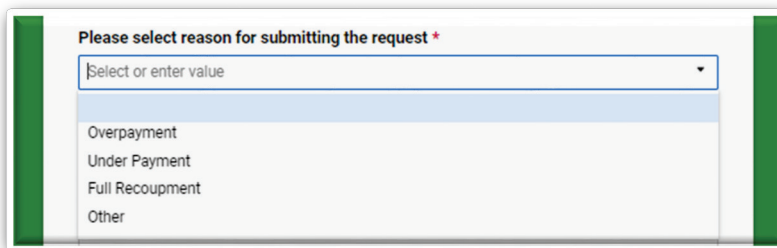
- 🌱 Provider Agency Name
- 🌱 Provider ID number assigned by Trillium Health Resources. This is available on the RA and Claims Status Report.
- 🌱 Billing Agency Requesting on Providers behalf (if applicable)
- 🌱 Submitter information. Please include submitter name, job title, phone number, and email address.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



The screenshot shows a web form titled "CRF-Billing Window form" with the Trillium Health Resources logo. The form contains the following fields and instructions:

- Claims Request Form**
- All Claim Adjustment Requests/ New Claims must be submitted within the 90-day billing period.**
- Provider Name *** (text input)
- Provider # *** (text input)
- Billing Agency Requesting on Providers behalf (if applicable)** (text input)
- Submitter information ***
Please include submitter name, job title, phone number, and email address. (text input)
- Member Name *** (text input)
- Member ID # *** (text input)
- Service Code *** (text input)
- Claim # *** (text input)
- Date(s) of Service *** (text input)
- Billed Amount *** (text input)
- Paid Amount *** (text input)

PLEASE FILL OUT THE FOLLOWING SECTION AS INSTRUCTED BELOW:



The screenshot shows a dropdown menu titled "Please select reason for submitting the request *". The menu is open, showing the following options:

- Select or enter value
- Overpayment
- Under Payment
- Full Recoupment
- Other

- 🌱 If reason for submitting is an Overpayment, please select this option.
 - An example of an overpayment may be the result of too many units submitted on the claim.

- 🌱 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 "Other" if one of the above reasons does not explain your request.

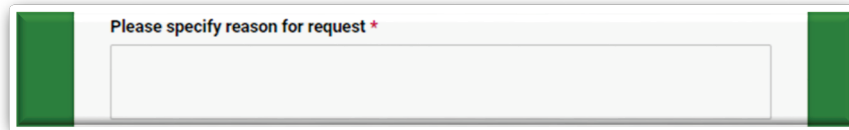
PLEASE FILL OUT THE FOLLOWING SECTION AS INSTRUCTED BELOW:

The screenshot shows a dropdown menu with the following options:

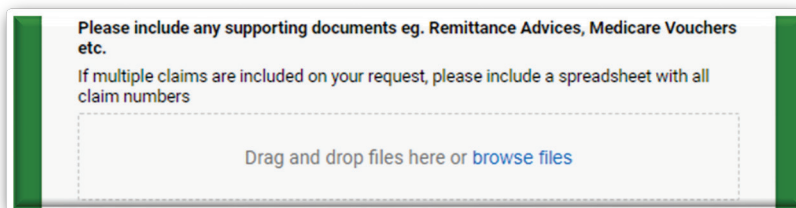
- Units/Durations
- Billed Amount
- Procedure Diagnosis Code
- Time Limit Override
- Dates of Service
- Patient Liability
- Third Party Liability
- Other

- 🌱 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 submitted 3 units on this claim and should have submitted 5 units. This caused our agency to be underpaid. We were paid \$16.92 and should have been paid \$28.20. Please consider this request for the additional payment based on the correct number of units.

A screenshot of a text input field. The label above the field reads "Please specify reason for request *". The field itself is empty and has a light gray background.

- 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.

A screenshot of a file upload area. The text above the upload box reads: "Please include any supporting documents eg. Remittance Advices, Medicare Vouchers etc. If multiple claims are included on your request, please include a spreadsheet with all claim numbers". Below this text is a dashed-line box containing the text "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 the bottom portion of the form. It features a dark gray "Submit" button on the left. To the right, there is a footer that reads "Powered by smartsheet" with a small logo, and below that, "Privacy Notice | Report Abuse" in blue text.

[Claims Request SmartSheet form](#)