

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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Ministry of Health and Long-Term Care

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



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