Shasta County Mental Health
2640 Breslauer Way, Redding CA 96001
(Phone) 530-225-5252 (Fax) 530-225-3870

Service Delivery Correction Request

Today's Date:

Client Name: **Staff Name:**

Chart #: **Staff #:**

Service Date	Billing Code	Units of Service (Duration in Minutes)	Reason for correction	Total $

Signature **Date**

Supervisor Signature **Date**

- ***Attach a copy of the relevant Daily Claim Form***
- ***Attach any other supporting documents***
- ***Submit to the Business Office Supervisor***

Print Form

For Business Office Use Only

Date Received: _____ **Client SSN:** _____

CIN: _____

Billing Code:				
Text of Service Denied:				
Total Cost of Service:				
Adjustment Type:		☐ **Reversed**	☐ **Disallowance**	

Processed

Avatar: _____ Date

Entered: _____ Date

Prepared by: _____ **Authorized by:** _____

Disallowance required and forwarded to Fiscal on: _____ Date