



Braven Health Inquiry Request and Adjustment Form

Please DO NOT use this form for initial claim submissions.

Date of Contact _____

Provider Type

- Physician/Health Care Professional
- Institutional Provider

Request For (check one)

- Adjustment
- Recapture/Overpayment
- Other _____
- Corrected Claim
- Claim Inquiry
- Enrollment Issue
- Benefit Inquiry

Place of Service (check one only)

- Office
- Inpatient
- Other _____
- Ambulatory Surgery Center
- Skilled Nursing Facility
- Outpatient
- Home Health Care

Claim Type (check one only)

- Full Benefit/
Braven Health Primary
- Other _____
- BlueCard/ITS
- COB
- Secondary to Medicare
- Workers' Comp/No-Fault

Physician/Health Care Professional/Institutional Provider

Name _____

Street Address _____

City _____

State _____

ZIP Code _____

Tax ID# _____

NPI # _____

Health Plan ID # _____

Office Contact Name _____

Telephone # _____

Subscriber/Patient Information

Subscriber's Name _____

Subscriber's ID# _____

Patient Name _____

Patient DOB _____

Patient Account # _____

Date of Service/Admission _____

Last Date of Service _____

Claim# _____

Total Charges _____

Details of Request

If submitting a corrected claim, specify the correction. Please attach supporting documents related to the request.

(Continues)

Professional providers may mail completed forms, along with all pertinent supporting documentation, to
BRAVEN HEALTH
PO BOX 199
NEWARK NJ 07101-0199

Institutional providers may mail completed forms, along with all pertinent supporting documentation, to
BRAVEN HEALTH
PO BOX 1770
NEWARK NJ 07101-1770

Visit our [webpage](#) for information on your appeal rights.

This Section for Braven Health Internal Use Only

Amount Paid _____

Payee

Provider

Subscriber

Penalty Against

Provider

Subscriber

Deductible _____

Check# _____

Copayment _____

Check Amount _____

Coinsurance _____

Check Status _____

Claim# _____

Date Cashed _____

Claim Process Date _____

Representative Name _____

Service Request # _____

Date of Response _____

Details of Braven Health Response

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