

**Patient Information Correction Form**

Use this form if you believe the patient demographic information shown on the roster is incorrect. Please read these instructions carefully and make copies of this form as needed. Additional copies are available on our Website- <http://www.esrdnet15.org/Data/PtCorrectionForm.pdf>.

If you disagree with patient demographic information on the roster:

- 1) Double-check your supporting documentation:
  - A RECENT MEDICARE CARD
  - SOCIAL SECURITY CARD
  - BIRTH CERTIFICATE

**A DRIVER’S LICENSE IS NOT ACCEPTABLE DOCUMENTATION!**

- 2) If your documentation refutes the roster information, ATTACH THE SUPPORTING DOCUMENTATION THAT SHOWS THE CORRECT VALUE (e.g., Medicare Cards don’t show Date of Birth, so cannot be used to verify Date Of Birth).
- 3) If your documentation agrees with the roster, **update your records and correct your data system to reflect the accurate information.**
- 4) If you have NO documentation, **update your records and correct your data system to match our roster information.**

Provider Name: \_\_\_\_\_

Medicare Provider Number: \_\_\_\_ \_

Patient you are correcting (as listed on the roster): \_\_\_\_\_

Last, First on roster

SSN on roster

DOB on roster

Correct Values for this patient are -

Correct Name: \_\_\_\_\_

We will ONLY accept copies of current Medicare cards as documentation for name change.

Correct DOB: \_\_\_\_\_

We will ONLY accept a Birth Certificate as documentation for DOB.

Correct SSN: \_\_\_\_\_

We will ONLY accept the Social Security Card for documentation for SS#.

**NETWORK #15 RECEIVES UPDATES ON MEDICARE NUMBERS DIRECTLY FROM MEDICARE. IF YOUR RECORDS DO NOT MATCH OURS, YOU MUST UPDATE YOUR RECORDS TO REFLECT OUR INFORMATION.**

Fax this form and the required attachments to: 303-860-8392