



Today's Date

Billing and Corrections Form

In this section, please list the following information as it is currently in the service that you want to correct.

Practitioner's Name

Client ID

Date of Service

Start Time (hour:minute am/pm)

End Time (hour:minute am/pm)

Sign/Submit Date

Sign/Submit Time(hour:minute am/pm)

Form/Service Code

Episode (Number)

Reason for Correction

Wrong Client

Wrong Date

Wrong Form

Wrong Service Code

Wrong Note Type

Wrong Time Start/End

Wrong Location

Wrong Program

Need Switched From Final to Draft, please provide reason:

Additional Details (provide specific details to previous answer choices including the correct information needed)

Associates - send to your manager for review and approval

Managers - send approved forms to [lindsay.wilsonalloway@arisahealth.org](mailto:lindsay.wilsonalloway@arisahealth.org)