Security Health Plan[SM]
Promises kept, plain and simple.®

1515 North Saint Joseph Avenue
PO Box 8000
Marshfield, WI 54449-8000

1.800.472.2363 | 715.221.9555

Claim Adjustment/Correction Request

Facility name ______________________________

Provider name (print) ______________________________

Provider number ______________________________

Patient name ______________________________

Member ID ______________________ Date of birth ______________________

Date(s) of service ______________________ Date of statement ______________________

Claim number ______________________________

Requested adjustment/correction ______________________________

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Please submit with corrected claim and medical records if applicable.

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Signature

_____ /_____ /_____ ______________________
Date (month/day/year) Telephone number

Completed requests should be returned to:

ATTN: Claims Department Manager
Security Health Plan
PO Box 8000
Marshfield, WI 54449-8000

Fax: 715.221.9767
shp.claims.dept@securityhealth.org

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