



**Acute Hospital 3808 Correction Request Form**  
**Please Complete the form and fax to Telligen Acute at 888-297-4276**

Date 3808 Correction Requested: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Facility Number: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's MA Number: \_\_\_\_\_

UB04 Number/3808 Number: \_\_\_\_\_

Admit Date: \_\_\_\_\_

Request/Case ID Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

If you only receive part of this transmission, or if transmission is illegible, please call the facsimile operator at 443-561-3320.

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3808 Correction for:	Current Information:	Change Information to:
<input type="checkbox"/> Admission/ Discharge Dates		
<input type="checkbox"/> Diagnosis Code (Please list first 4 codes)	1) 2) 3) 4)	1) 2) 3) 4)
<input type="checkbox"/> Procedure Code (Please list first 4 codes)	1) 2) 3) 4)	1) 2) 3) 4)
<input type="checkbox"/> DRG		
<input type="checkbox"/> Facility Name or Number		
<input type="checkbox"/> MA Eligibility Dates Changes		
<input type="checkbox"/> Other		

Patient's Last Name: \_\_\_\_\_

Telligen Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Accepted

Rejected