Living Independently in Northwest Kansas
2401 E. 13th
Hays, KS 67601
(785) 625-6942 (V/TT)
(785) 625-6137 (FAX)

CLAIM CORRECTION FORM

PLEASE DO NOT PUT MORE THAN ONE DAY/SHIFT ON THIS FORM. ADDITIONAL FORMS ARE AVAILABLE IF YOU HAVE MORE THAN ONE DAY/SHIFT TO CORRECT. TIME WORKED MAY NOT EXCEED 12 HOURS IN A 24 HOUR PERIOD FOR PCS SERVICES AND A MINIMUM OF 6, MAXIMUM OF 9 HOURS FOR ECS SERVICES.

INCOMPLETE INFORMATION WILL RESULT IN YOUR CLAIM BEING DENIED. BE CERTAIN THAT ALL FIELDS PERTAINING TO YOUR SHIFT ARE COMPLETED BELOW BEFORE SUBMITTING THIS FORM.

YOU MAY FAX THIS FORM TO 785-625-6137, MAIL IT, OR DROP IT OFF AT OUR OFFICE DURING NORMAL BUSINESS HOURS - 8AM TO 12PM, 1PM TO 5PM, MONDAY - THURSDAY.

TO REQUEST A FORM TO BE SENT TO YOU ELECTRONICALLY, PLEASE CONTACT THE PAYROLL DEPT AT 785-625-6942. YOU MAY ALSO OBTAIN FORMS AT OUR AGENCY OR ON OUR WEBSITE AT:
http://www.linkinc.org/financial-management-services.

PCS SERVICES - DAYTIME HOURS ONLY BELOW:

1. **CUSTOMERS NAME (PRINT):**_____
2. **CUSTOMERS PHONE NUMBER:** _____
3. **DIRECT SUPPORT WORKERS NAME & ID # (PRINT):** _____
4. **DATE OF CORRECTION:** _____ **(ONE DATE ONLY)**
5. **CLOCK IN TIME (AM / PM):** _____ **CLOCK OUT TIME (AM / PM):** _____
6. **ACTIVITY CODE(S):** _____
7. **REASON FOR CORRECTION:** _____

ECS SERVICES - NIGHT SUPPORT ONLY BELOW:

1. **CUSTOMERS NAME (PRINT):** _____
2. **DIRECT SUPPORT WORKERS NAME AND ID # (PRINT):** _____
3. **DATE FOR CLOCK IN:** _____ **DATE FOR CLOCK OUT:** _____
4. **CLOCK IN TIME (AM / PM):** _____ **CLOCK OUT TIME (AM / PM):** _____
5. **REASON FOR CORRECTION:** _____

By signing below you are confirming that the information above is accurate per guidelines stated by Medicaid for your Home and Community Based Services (HCBS). Fraudulent submissions will be reported to the State of Kansas and to your MCO.

_____ _____

Customer Signature **Direct Support Worker Signature**