

APS Healthcare, Inc.
4545 Lincoln Boulevard Suite 103
Oklahoma City, OK. 73105
800-762-1560 (Main)/800-762-1639 (FAX)

CORRECTION REQUEST

FAX DATE: _____

FROM: FACILITY/AGENCY: _____

PROVIDER ID #: _____

CONTACT NAME: _____

FAX NUMBER: _____

PHONE NUMBER: _____

Check One: Outpatient TFC Inpatient

RE: MEMBER NAME: _____
First, MI, Last, Designation (Sr., Jr., III, etc.)

RECIPIENT ID #: _____

CARECONNECTION RID #: _____

REQUESTED CORRECTION: (NO clinical information) _____

CONFIDENTIALITY

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