

Account Adjustment Request (AAR)

UK College of Dentistry

Please Legibly Complete and Submit to Team Leader or Clinic Manager

Patient Name: (Last) _____ (First) _____

Patient Account Number _____

Date of Request _____

Provider _____

Team Leader _____

Clinic _____

Clinic Manager or Team Leader's Signature _____

Amount Requested	How was Amount Calculated?
\$	

Service Description

Date of Service _____

Site Involved (tooth #, quadrant, arch, etc.) _____

axiUm Procedure Code (including alpha suffix): _____

Procedure(s) Completed _____

Procedure(s) To Be Completed _____

Explanation of Situation: *(click on all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Billing/Entry Error | <input type="checkbox"/> Quality |
| <input type="checkbox"/> Fees Not Entered From Tx Plan/Misquoted Fee | <input type="checkbox"/> Timely Filing/Posting Approval |
| <input type="checkbox"/> Risk Management/Informed Consent | <input type="checkbox"/> Other |

Brief Explanation of Request: *(required)* _____

Compliance Committee Decision (For Compliance Committee Use Only)

<input type="checkbox"/> Denied Date _____ Reason for Denial _____	<input type="checkbox"/> Approved Date _____ Approval Follow-Up _____
Returned To _____	

Administrative Adjustment: ___ No
___ Yes: Amount Adjusted _____ Date _____