



3033 WEST 2ND STREET NORTH  
WICHITA • KANSAS • 67203  
TELEPHONE/TTY 316 • 942 • 6300

### CLAIM CORRECTION FORM

**ATTENTION: CLAIM CORRECTION FORMS MAY NOT BE USED FOR BOTH A CLOCK IN AND CLOCK OUT. AT LEAST ONE TIME ENTRY MUST BE DONE THROUGH ATHENTICARE FOR THERE TO BE A VALID SHIFT.**

**DO NOT LIST MORE THAN ONE (1) DAY ON THIS FORM, IT WILL NOT BE PROCESSED.** IF THIS FORM IS MISSING ANY 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 316-942-1061, MAIL IT, DROP IT OFF AT OUR OFFICE DURING NORMAL BUSINESS HOURS OF 8AM TO 4PM, MONDAY - FRIDAY.

IF YOU NEED ADDITIONAL CORRECTION FORMS YOU CAN PICK THEM UP AT OUR OFFICE OR REQUEST A FORM TO BE SENT TO YOU ELECTRONICALLY, PLEASE CONTACT THE PAYROLL DEPT AT 316-942-6300. YOU MAY ALSO OBTAIN FORMS ON OUR WEBSITE AT: <http://ilrcks.org/programs-services/payroll-services>

**DAYTIME HOURS PCS/PAS SERVICES ONLY BELOW: TIME CANNOT EXCEED 12 HOURS IN A 24 HOUR PERIOD.**

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



**NIGHT SUPPORT (ECS SERVICES) ONLY BELOW: TIME CAN BE NO MORE THAN 6 TO 9 HOURS PER NIGHT.**

- 1. CUSTOMERS NAME (PRINT): \_\_\_\_\_
- 2. CUSTOMERS PHONE NUMBER: \_\_\_\_\_
- 3. DIRECT SUPPORT WORKERS NAME & ID # (PRINT): \_\_\_\_\_
- 4. DATE OF CORRECTION: \_\_\_\_\_
- 5. CLOCK IN TIME (AM / PM): \_\_\_\_\_ CLOCK OUT TIME (AM / PM): \_\_\_\_\_
- 6. 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