



**W.I.S.E. CMS-1500 Claim Resubmission Form**

Please attach the updated claim to this form and fax to LaReese Cooper @ **860-638-5302**.

***Reason for resubmission:*** (check all that apply)

- Missing information     
  Incorrect information     
  Denied

***What was changed/missing?***

- Demographics
- Diagnosis Code and/or Pointer
- Date of Service
- Place of Service Code
- Procedure Code
- Units
- Dates
- Client and/or Physician signature

Other: \_\_\_\_\_

Date of Service:	
Resubmitted by:	
Contact Number:	
Agency Name:	
Agency Address:	