

DMAP Use Only

- ① **Type of Adjustment:** ☐ Underpayment – Request additional payment
☐ Overpayment – Please deduct from subsequent payment

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| <p>② Attach the following:</p> <ul style="list-style-type: none"> " Claim (corrected copy) " Remittance Advice (copy) " Financial planner (NH only) | <p>③ Return <u>nursing home</u> adjustment requests to:</p> <p>DMAP – NH
PO Box 14954
Salem, OR 97309</p> | <p>Return <u>all other</u> adjustment requests to:</p> <p>DMAP
PO Box 14952
Salem, OR 97309</p> |
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Enter the following data from your Remittance Advice (RA):

- 17 **Remarks**

- | | | |
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| (18) Provider's Signature | Phone # | Date |
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