HEALTHCARE ADJUSTMENTS WORKSHEET

PROVIDER NAME: _____

COMPANY NO: _____ **GROUP NO.** 263

ADJUSTMENTS REQUIRED TO CORRECT BES RECORDS

MONTH OF: _____

			ADDITIONAL PREMIUMS DUE (ADD TO BILL AMOUNT)		***REDUCTION OF PREMIUMS DUE (DELETE FROM BILL AMOUNT)***		
SOC SEC #	***EMPLOYEE NAME***	***EFF DATE***	***PLAN***	***AMOUNT***	***PLAN***	***AMOUNT***	***COMMENTS/ACTION***
			+	0.00	-	0.00	**DIFFERENCE** 0.00