## HEALTHCARE ADJUSTMENTS WORKSHEET

PROVIDER NAME:			COMPANY NO:			GROUP NO.	
ADJUSTMENTS	S REQUIRED TO CORR	ECT BES RECORDS			MONTH OF:		
EE No	EMPLOYEE <u>NAME</u>	<u>EFF DATE</u>	ADDITIONAL P (ADD 1 <u>PLAN</u>	REMIUMS DUE FO BILL AMOUNT) <u>AMOUNT</u>	REDUCTION OF (DELETE FROM <u>PLAN</u>	PREMIUMS DUE BILL AMOUNT) <u>AMOUNT</u>	COMMENTS/ACTION
				0.00		0.00	DIFFERENCE 0.00