

Adjustment Form

Requested by: _____ **Date:** _____

Center: _____

Patient Name: _____

Patient ID#: _____

Patient Balance: _____

Discount/Write Off Amount: _____

Journal Code: (circle one)

W/O Courtesy Discount

W/O Professional Discount

W/O Bad Debt

W/O Bankruptcy

W/O Uncompensated Care

W/O Other

Comments Added to Patient Advantx Account

Description of Discount/Write Off Request:

Center Administrator's Signature: _____

Date: _____

Other Signature (If needed): _____

Date: _____