

OHCA CURES ACT WORKSHEET FOR MULTIPLE MEMBER'S COPAYMENT ADJUSTMENTS

List of Claims Attached to HCA-15								
#	Member Name	Member ID #	Original Claim # of Paid Claim - OHCA	Date of Service	HCPCS Procedure Code	Original Co-Insurance Amt	Corrected Co-Insurance Amt	Reserved for OHCA
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Attach HCA-15 and complete Section 1 & 2 and Reference Worksheet in Section 9