

## AMP diagnosis correction form

Fax completed form to **570-214-0233**. Use this form to address inaccurate or resolved conditions presented on the AMP report. All patient and provider information must be completed for the form to process.

### Provider information

Date:	Provider name:
Tax ID:	Contact person:
Phone:	Email:

### Patient and diagnosis information

Patient Name	Date of Birth	Member ID	Diagnosis on AMP	Provider Feedback

Additional remarks:

Once received, our coding educator team will review your form and recommendations.

- If you do not hear back from us, the changes were agreed to.
- If there are any questions, we'll reach out to the contact person indicated on the form.
- If we do not agree or find other evidence to support the condition, we'll reach out to you.

**Questions?  
Call your GHP  
account manager at:  
800-876-5357**