

# Bill Adjustment Tutorial



# Introduction

This tutorial is designed to educate providers on how to perform bill adjustments for both Professional and Institutional claim types using Direct Data Entry (DDE) within the WCMBP system.

- Accessing Bill Adjustments on the Provider Portal
- Locating Paid Bills to Adjust
- Initiating Bills for Adjustment
- Submitting Bills for Adjustment




# Accessing Bill Adjustments on the Provider Portal (1 of 2)

1. Log in to the [WCMBP System](#). Select a **Provider ID Number** to continue to the Provider Portal. Then select **Go**.

Select a Provider ID Number to continue to the Provider Portal:


Available Provider IDs:  \*

 Go

2. From the Profile drop down list, select **Ext Provider Bills Submitter**, then select **Go**.

Select a profile to use during this session:

Profile:  \*

 Go

- EXT Provider Bills Submitter
- EXT Provider Claims Payment Status Checker
- EXT Provider Eligibility Checker - Auth Submitter
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider File Maintenance
- EXT Provider Super User
- EXT Provider System Administrator

# Accessing Bill Adjustments on the Provider Portal (2 of 2)

The provider portal main screen displays a list under **Bills**.

3. Select the **Bill Adjustment** to link to the **Provider Bill Adjustment Search** page with the applicable instructions for adjustment of either a professional bill or institutional bill.

| Bills   |
|---|
| <a href="#">Bill Inquiry</a>                      |
| <a href="#">View Payment</a>                      |
| <a href="#">Bill Adjustment</a>                   |
| <a href="#">On-line Bills Entry</a>               |
| <a href="#">Resubmit Denied Bill</a>              |
| <a href="#">Retrieve Saved Bills</a>              |
| <a href="#">Manage Templates</a>                  |
| <a href="#">Create Bills from Saved Templates</a> |
| <a href="#">View Accounts Receivable</a>          |
| <a href="#">Fee Schedule Calculator</a>           |

## Adjusting a Professional Bill in the WCMBP System



# Locating Paid Bills to Adjust - Professional (1 of 2)

To search for a specific bill to adjust:

1. Enter a Transaction Control Number (TCN), or Claimant ID or social security number (SSN) along with the Date of Service (DOS).
2. Select **Submit**.

The screenshot shows a web interface for the 'Provider Portal' with the title 'Provider Bill Adjust Search'. At the top, there are 'Close' and 'Submit' buttons. Below the title bar, a message states: 'Please enter available information in the following fields before clicking \'Submit\'.' This is followed by a list of instructions: 'Required: TCN or Claimant ID/SSN AND Bill Service Period (To date is optional)', 'You may Adjust bills processed within the past seven years', 'The Bill Service Period From and To date range cannot exceed 3 months', and 'Only paid bills satisfying the selection criterion will be listed.' The form fields include: 'OWCP ID:' with a dropdown menu, 'TCN:', 'Claimant ID:', 'SSN:', 'Bill Service Period From:' with a calendar icon, and 'Bill Service Period To:' with a calendar icon.

Provider Portal > Provider Bill Adjust Search

Close Submit

Provider Bill Adjust Search

Please enter available information in the following fields before clicking 'Submit'.

- Required: TCN or Claimant ID/SSN AND Bill Service Period (To date is optional)
- You may Adjust bills processed within the past seven years
- The Bill Service Period From and To date range cannot exceed 3 months
- Only paid bills satisfying the selection criterion will be listed.

OWCP ID: \*

TCN:

Claimant ID:

SSN:

Bill Service Period From:

Bill Service Period To:



# Locating Paid Bills to Adjust - Professional (2 of 2)

The system displays the bills that match the search criteria you entered.

3. On the Provider Bills Adjust List page, under the TCN column, select the **checkbox** to the left of the TCN corresponding to the bill you wish to adjust.
4. Select **Adjust** at the top of the page to view the bill.

[Home](#) > [Provider Portal](#) > [Provider Bill Adjust Search](#) > [Provider Bills Adjust List](#)

OWCP ID:

Provider Bills Adjust List

| <input checked="" type="checkbox"/> | TCN<br>▲▼ | Date of Service<br>▲▼ | Bill Status<br>▲▼  | Bill Charged Amount<br>▲▼ | Bill Payment Amount<br>▲▼ | Claimant Name<br>▲▼ | Claimant ID<br>▲▼ | Child TCN<br>▲▼ |
|-------------------------------------|-----------|-----------------------|--|---------------------------|---------------------------|---------------------|-------------------|-----------------|
| <input checked="" type="checkbox"/> |           | 12/01/2017            | 1: For more detailed information, see remittance advice. | \$171.00                  | \$101.71                  |                     |                   |                 |

View Page:

Viewing Page: 1

# Initiating Bills for Adjustment - Professional (1 of 5)

The WCMBP System displays the bill details under the Basic Bill Info section. To expand or collapse the bill sections select the arrow on the right-hand side of the screen. Update the necessary fields within each section as needed.

Provider Portal > Provider Bill Adjust Search > Provider Bills Adjust List > Adjust Professional Bill

Close Submit Bill

### Adjust Professional Bill

Note: asterisks ( \* ) denote required fields.

**Basic Bill Info**

Provider | Claimant | Bill | Service

Program: DCMWC - Division of Coal Mine Workers' Compensation

Special Bill Indicator: NONE

Submitter ID:

**ADJUSTMENT INFORMATION**

\* Original TCN:

**PROVIDER INFORMATION**

**CLAIMANT INFORMATION**

**BILL INFORMATION**

**BASIC LINE ITEM INFORMATION**



# Initiating Bills for Adjustment - Professional (2 of 5)

1. On the **Adjust Professional Bill** page, select the down arrow to expand the **Provider Information** section. Update the necessary fields within this section as needed.

Home > [Provider Portal](#) > [Provider Bill Adjust Search](#) > [Provider Bills Adjust List](#) > [Adjust Professional Bill](#)

### Adjust Professional Bill

Note: asterisks ( \* ) denote required fields.

**Basic Bill Info**

Provider | Claimant | Bill | Service

Program:  Submitter ID:

Special Bill Indicator:

**ADJUSTMENT INFORMATION**

\* Original TCN:

**PROVIDER INFORMATION**

**BILLING PROVIDER INFORMATION**

Provider ID:  Type:  Taxonomy Code:

NPI:

Provider Name:

# Initiating Bills for Adjustment - Professional (3 of 5)

- On the **Adjust Professional Bill** page, select the down arrow to expand the **Claimant Information** section and update the necessary fields within this section as needed.

The screenshot shows a web form titled "CLAIMANT INFORMATION" with a grid icon on the left and a "Top" link on the right. The form is divided into two main sections: "CLAIMANT" and "Does Bill have any Third Party Liability Amount?". The "CLAIMANT" section contains the following fields:

- Claimant ID:** A text input field.
- Type:** A dropdown menu with "CASE NUMBER" selected.
- Date of Injury:** Three input fields for MM, DD, and CCYY. A note below states: "(Required when SSN is keyed in to submit bill for DFEC Claimant)".
- Last Name:** A text input field.
- First Name:** A text input field.
- Middle Name:** A text input field.
- Suffix:** A text input field.
- Date of Birth:** Three input fields for MM, DD, and CCYY.
- Gender:** A dropdown menu.
- Date of Death:** Three input fields for MM, DD, and CCYY.
- State/Province:** A dropdown menu.
- Zip Code:** A text input field.

The "Does Bill have any Third Party Liability Amount?" section is a light blue bar with two radio buttons: "Yes" and "No". The "No" button is selected.

# Initiating Bills for Adjustment - Professional (4 of 5)

3. On the **Adjust Professional Bill** page, select the down arrow to expand the **Bill Information** section and update the necessary fields within this section as needed.

BILL INFORMATION

RELEVANT DATES

PRIOR AUTHORIZATION

Prior Authorization Number:

BILL NOTE

Is this bill accident related?

☐ Yes ☒ No

BILL DATA

Patient Account No.:

Place of Service:

Diagnosis Codes (Do not use decimals or spaces)

Diagnosis Code Category:

Diagnosis Codes: 1:  2:  3:  4:  5:  6:  7:  8:  9:  10:  11:  12:

ANESTHESIA RELATED PROCEDURE

CONDITION INFORMATION

DELAY REASON

Top

11

# Initiating Bills for Adjustment - Professional (5 of 5)

4. On the **Adjust Professional Bill** page, select the down arrow to expand the **Basic Line Item Information** section and update the necessary fields within this section as needed.

BASIC LINE ITEM INFORMATION

**BASIC SERVICE LINE ITEMS**

Service Date From:

MM

\*

DD

\*

CCYY

\*

Place of Service (If different from header):

Procedure Code:

\*

Submitted Charges: \$:

\*

Units/Quantity:

\*

Third Party Liability Amount:

EMG:

Bill Note:

characters remaining:

500

Prior Authorization Number:

Rendering Provider ID (If different from header):

Type:

Ordering Provider ID:

Type:

Referring Provider ID (If different from header):

Type:

Service Date To:

MM

\*

DD

\*

CCYY

\*

Modifiers:

1:

2:

3:

4:

Diagnosis Pointers:

1:

\*

2:

3:

4:

Taxonomy Code:

# Submitting Bills for Adjustment - Professional (1 of 5)

1. To submit the bill for adjustment, scroll to the top of the page, and select **Submit Bill**.

[Home](#) > [Provider Portal](#) > [Provider Bill Adjust Search](#) > [Provider Bills Adjust List](#) > [Adjust Professional Bill](#)

## Adjust Professional Bill

Note: asterisks ( \* ) denote required fields.

### Basic Bill Info

| Provider | Claimant | Bill | Service |
|----------|----------|------|---------|
|----------|----------|------|---------|

Program:

Special Bill Indicator:

Submitter ID:

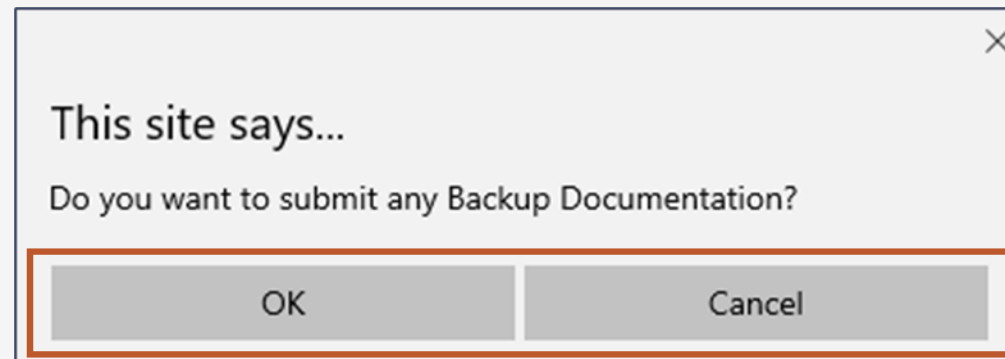
### ADJUSTMENT INFORMATION

\* Original TCN:

# Submitting Bills for Adjustment - Professional (2 of 5)

After selecting **Submit Bill**, a dialogue box will automatically open asking if you want to submit supporting documentation.

2. To add attachments, select **OK**, or if no attachment is needed, select **Cancel**.



**Note:** If not uploading attachments select [here](#) to skip to bill adjustment submission.

# Submitting Bills for Adjustment – Professional (3 of 5)

3. Select the **Attachment Type** being submitted for the services rendered and the **Transmission Code**.

**Note:** Attachments can only be attached if EL or FT is selected.

Please select one of the option from the Required Fields \* and select Line No, if the attachment is for specific Service Line Item.

**Attachment Type:** 03-03-Report Justifying Treatment E \*  
**Transmission Code:** EL-Electronically Only \*

Line No:  (Do not select Line No to attach a document at header level)

Please attach the File(s). The File Format must be PDF,TIF,TIFF

Upload File

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.  
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your bill or an unintended disclosure of protected health information (PHI).

OK Cancel

AA-Available on Request at Provid

BM-By Mail  
EL-Electronically Only  
EM-E-Mail  
FT-FT-File Transfer  
FX-By-Fax

4. To locate and add the attachment, select **Upload File**.

Please select one of the option from the Required Fields \* and select Line No, if the attachment is for specific Service Line Item.

**Attachment Type:** 03-03-Report Justifying Treatment E \*  
**Transmission Code:** EL-Electronically Only \*

Line No:  (Do not select Line No to attach a document at header level)

Please attach the File(s). The File Format must be PDF,TIF,TIFF

Upload File

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.  
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your bill or an unintended disclosure of protected health information (PHI).

OK Cancel

5. Select **OK**.



# Submitting Bills for Adjustment – Professional (4 of 5)

If attachments have been uploaded, the file will appear under the **File Name** column on the **Adjust Professional Bill Details** page.

6. Select the **Signature of Physician or Supplier** checkbox and then select **Submit**.

Adjust Professional Bill Details

The 'Submit' button must be clicked to send the Bill for processing.

Transaction Control Number (TCN):

Original TCN:

Provider ID:

Claimant ID:

Date of Service:

Total Bill Charges:

☐ SIGNATURE OF PHYSICIAN OR SUPPLIER

Checking this box indicates your agreement to accept the charge determination of OWCP on covered services as payment in full, and indicates your agreement not to seek reimbursement from the patient of any amounts not paid by OWCP for covered services as the result of the application of its fee schedule or related tests for reasonableness (appeals are allowed). Checking this box also indicates that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by you or were furnished incident to your professional services by your employee under your immediate personal supervision, except as otherwise expressly permitted by FECA, BLBA or EEOICPA regulations. For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental, part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of non-physicians must be included on the bills. Finally, your acknowledgement indicates that you understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

Please click "Add Attachment" button, to attach the documents.

Add Attachment

Adjust Professional Bill Details

| <input type="checkbox"/> | Line No<br>▲▼ | File Name<br>▲▼         | Attachment Type<br>▲▼ | Transmission Code<br>▲▼ | Attachment Control #<br>▲▼ | File Size<br>▲▼ | Delete<br>▲▼ | Uploaded On<br>▲▼ |
|--------------------------|---------------|-------------------------|-----------------------|-------------------------|----------------------------|-----------------|--------------|-------------------|
| <input type="checkbox"/> |               | Supporting Document.pdf | 03                    | EL                      | 751436676                  | 27kb            | X            | 08/22/2025        |

View Page: 1

Go

Page Count

Viewing Page: 1

First

Prev

Next

Last

SaveToCSV

Print

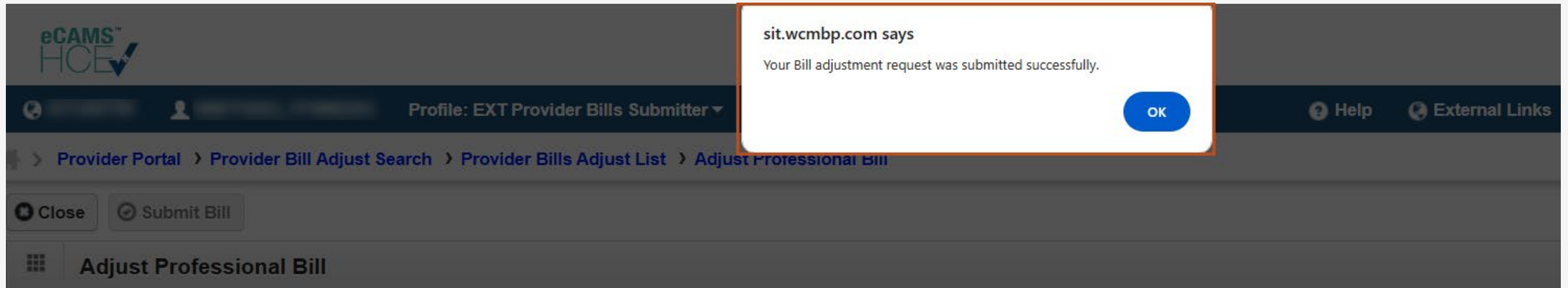
Print Cover Page

Submit

# Submitting Bills for Adjustment - Professional (5 of 5)

A dialogue box opens confirming the bill adjustment request was submitted successfully.

7. Select **OK**.



## Adjusting an Institutional Bill in the WCMBP System



# Locating Paid Bills to Adjust – Institutional (1 of 2)

To search for a specific bill to adjust:

1. Enter a Transaction Control Number (TCN), or Claimant ID or social security number (SSN) along with the Date of Service (DOS).
2. Select **Submit**.

The screenshot shows a web form titled "Provider Bill Adjust Search" within a "Provider Portal". At the top, there are "Close" and "Submit" buttons. Below the title bar, a message states: "Please enter available information in the following fields before clicking 'Submit'." This is followed by a list of instructions: "Required: TCN or Claimant ID/SSN AND Bill Service Period (To date is optional)", "You may Adjust bills processed within the past seven years", "The Bill Service Period From and To date range cannot exceed 3 months", and "Only paid bills satisfying the selection criterion will be listed." The form fields include: "OWCP ID:" with a dropdown menu, "TCN:" with a text input, "Claimant ID:" with a text input, "SSN:" with a text input, "Bill Service Period From:" with a date picker, and "Bill Service Period To:" with a date picker.

Provider Portal > Provider Bill Adjust Search

Close Submit

Provider Bill Adjust Search

Please enter available information in the following fields before clicking 'Submit'.

- Required: TCN or Claimant ID/SSN AND Bill Service Period (To date is optional)
- You may Adjust bills processed within the past seven years
- The Bill Service Period From and To date range cannot exceed 3 months
- Only paid bills satisfying the selection criterion will be listed.

OWCP ID: \*

TCN:

Claimant ID:

SSN:

Bill Service Period From:

Bill Service Period To:

# Locating Paid Bills to Adjust - Institutional (2 of 2)

The system displays the bills that match the search criteria you entered.

3. On the Provider Bills Adjust List page, under the TCN column, select the **checkbox** to the left of the TCN corresponding to the bill you wish to adjust.
4. Select **Adjust** at the top of the page to view the bill.

[Home](#) > [Provider Portal](#) > [Provider Bill Adjust Search](#) > [Provider Bills Adjust List](#)

OWCP ID:

Provider Bills Adjust List

| <input checked="" type="checkbox"/> | TCN<br>▲▼   | Date of Service<br>▲▼ | Bill Status<br>▲▼  | Bill Charged Amount<br>▲▼ | Bill Payment Amount<br>▲▼ | Claimant Name<br>▲▼ | Claimant ID<br>▲▼ | Child TCN<br>▲▼ |
|-------------------------------------|-------------|-----------------------|--|---------------------------|---------------------------|---------------------|-------------------|-----------------|
| <input checked="" type="checkbox"/> | <div></div> | 09/18/2019            | 1: For more detailed information, see remittance advice. | \$1,890.00                | \$275.91                  | <div></div>         | <div></div>       |                 |

View Page:

Viewing Page: 1

# Initiating Bills for Adjustment - Institutional (1 of 5)

The WCMBP System displays the bill details under the Basic Bill Info section. To expand or collapse the bill sections select the arrow on the right-hand side of the screen. Update the necessary fields within each section as needed.

Provider Portal > Provider Bill Adjust Search > Provider Bills Adjust List > Adjust Institutional Bill

Close Submit Bill

**Adjust Institutional Bill**

Note: asterisks ( \* ) denote required fields.

**Basic Bill Info**

Provider | Claimant | Bill | Service

Program: DFEC - Division of Federal Employees' Compensation

Special Bill Indicator: NONE

Submitter ID:

**ADJUSTMENT INFORMATION**

\* ORIGINAL TCN:

**PROVIDER INFORMATION**



**CLAIMANT INFORMATION**

**BILL INFORMATION**

**SERVICE LINE ITEM INFORMATION**

# Initiating Bills for Adjustment - Institutional (2 of 5)

1. On the **Adjust Institutional Bill** page, select the down arrow to expand the **Provider Information** section. Update the necessary fields within this section as needed.

 PROVIDER INFORMATION 

**BILLING PROVIDER INFORMATION**

Provider ID:

Type: 

OWCP ID

Taxonomy Code:

NPI:

Medicare Number:

Provider Name:

Address Line 1: \*

Address Line 2:

Address Line 3:

City/Town: 

Other

\*

State/Province: 

Ohio

\*

County: 


Other

\*

Country: 

Other

\*

Zip Code:  -   Address

**ATTENDING PROVIDER INFORMATION**

Provider ID:

Type: 



NPI

Taxonomy Code:



# Initiating Bills for Adjustment - Institutional (3 of 5)

- On the **Adjust Institutional Bill** page, select the down arrow to expand the **Claimant Information** section and update the necessary fields within this section as needed.

 **CLAIMANT INFORMATION** 

**CLAIMANT**

Claimant ID:

Type:

CASE NUMBER

Date of Injury:

MM

DD

CCYY

(Required when SSN is keyed in to submit bill for DFEC Claimant)

Last Name:

First Name:

Middle Name:

Suffix:

Date of Birth:

MM

DD

CCYY

Gender:

State/Province:

Zip Code:

☐ Yes ☒ No

[Top](#)

# Initiating Bills for Adjustment - Institutional (4 of 5)

3. On the **Adjust Institutional Bill** page, select the down arrow to expand the **Bill Information** section and update the necessary fields within this section as needed.

**BILL INFORMATION**

**BILL DATA**

Patient Account No.:

Medical Record Number:

Type Of Facility:

1-Hospital

▼\*

Bill Classification:

3E-Outpatient

▼\*

Statement Dates: From: 

MM DD CCYY

06 \* 01 \* 2016 \*

 To: 

MM DD CCYY

06 \* 01 \* 2016 \*

Admission Date/Hour: 

MM DD CCYY HH MM

:

Admission Type:

3-Elective

▼

Admission Source:

2-Clinic

▼\*

Discharge Hour: 

HH HH

12 : 06

Patient Status:

01-Discharged to home or self care

▼\*

# Initiating Bills for Adjustment - Institutional (5 of 5)

4. On the **Adjust Institutional Bill** page, select the down arrow to expand the **Service Line Item Information** section and update the necessary fields within this section as needed.

SERVICE LINE ITEM INFORMATION

Service Line Items

Revenue Code:

\*

HCPCS Code:

Modifiers:

1:

2:

3:

4:

Service Date:

MM

DD

CCYY

Last Date of Service:

MM

DD

CCYY

Service Units:

\*

Total Line Charges:

\*

Non-covered Line Charges:

Third Party Liability Amount:

Operating Physician ID (If different from header):

Type:

▼

Other Operating Physician ID (If different from header):

Type:

▼

Rendering Physician ID (If different from header):

Type:

▼

Referring Physician ID (If different from header):

Type:

▼

# Submitting Bills for Adjustment - Institutional (1 of 5)

1. To submit the bill for adjustment, scroll to the top of the page, and select **Submit Bill**.

[Home](#) > [Provider Portal](#) > [Provider Bill Adjust Search](#) > [Provider Bills Adjust List](#) > [Adjust Institutional Bill](#)

## Adjust Institutional Bill

Note: asterisks ( \* ) denote required fields.

### Basic Bill Info

Provider | Claimant | Bill | Service

Program:

Special Bill Indicator:

Submitter ID:

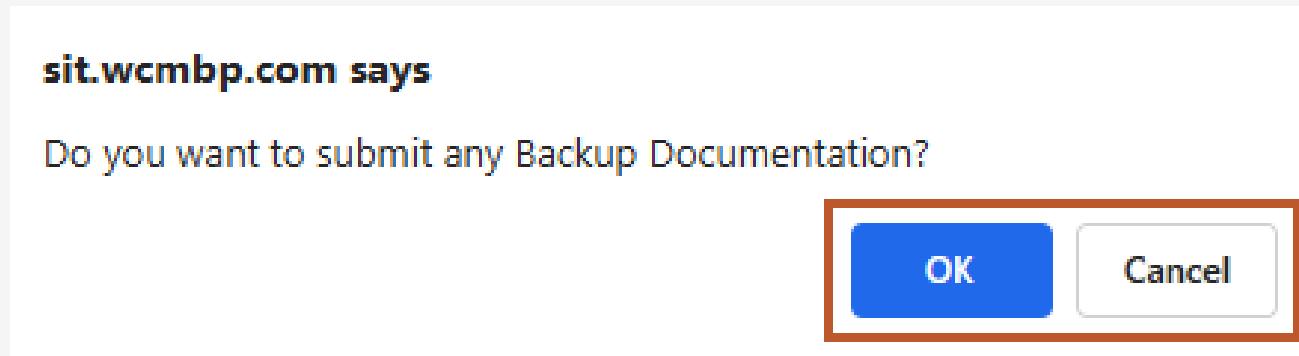
### ADJUSTMENT INFORMATION

\* ORIGINAL TCN:

# Submitting Bills for Adjustment - Institutional (2 of 5)

After selecting **Submit Bill**, a dialogue box will automatically open asking if you want to submit supporting documentation.

2. To add attachments, select **OK**, or if no attachment is needed, select **Cancel**.



**Note:** If not uploading attachments select [here](#) to skip to bill adjustment submission.

# Submitting Bills for Adjustment - Institutional (3 of 5)

3. Select the **Attachment Type** being submitted for the services rendered and the **Transmission Code**.

**Note:** Attachments can only be attached if EL or FT is selected.

Please select one of the option from the Required Fields \* and select Line No, if the attachment is for specific Service Line Item.

**Attachment Type:** 03-03-Report Justifying Treatment E \*  
**Transmission Code:** EL-Electronically Only \*

Line No:  (Do not select Line No to attach a document at header level)

Please attach the File(s). The File Format must be PDF,TIF,TIFF

Upload File

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.  
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your bill or an unintended disclosure of protected health information (PHI).

OK Cancel

AA-Available on Request at Provid

BM-By Mail

EL-Electronically Only

EM-E-Mail

FT-FT-File Transfer

FX-By-Fax

4. To locate and add the attachment, select **Upload File**.

Please select one of the option from the Required Fields \* and select Line No, if the attachment is for specific Service Line Item.

**Attachment Type:** 03-03-Report Justifying Treatment E \*  
**Transmission Code:** EL-Electronically Only \*

Line No:  (Do not select Line No to attach a document at header level)

Please attach the File(s). The File Format must be PDF,TIF,TIFF

Upload File

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.  
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your bill or an unintended disclosure of protected health information (PHI).

OK Cancel

5. Select **OK**.

# Submitting Bills for Adjustment - Institutional (4 of 5)

If attachments have been uploaded, the file will appear under the **File Name** column on the **Adjust Institutional Bill Details** page.

6. Select the **Signature of Physician or Supplier** checkbox and then select **Submit**.

Adjust Institutional Bill Details

The 'Submit' button must be clicked to send the Bill for processing.

Transaction Control Number (TCN):  
Original TCN:  
Provider ID:  
Claimant ID:  
Date of Service:  
Total Bill Charges:

☐ **SIGNATURE OF PHYSICIAN OR SUPPLIER**

Checking this box indicates your agreement to accept the charge determination of OWCP on covered services as payment in full, and indicates your agreement not to seek reimbursement from the patient of any amounts not paid by OWCP for covered services as the result of the application of its fee schedule or related tests for reasonableness (appeals are allowed). Checking this box also indicates that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by you or were furnished incident to your professional services by your employee under your immediate personal supervision, except as otherwise expressly permitted by FECA, BLBA or EEOICPA regulations. Finally, your acknowledgement indicates that you understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

Please click "Add Attachment" button, to attach the documents.

Add Attachment

Adjust Institutional Bill Details

| <input type="checkbox"/> | Line No<br>▲▼ | File Name<br>▲▼ | Attachment Type<br>▲▼ | Transmission Code<br>▲▼ | Attachment Control #<br>▲▼ | File Size<br>▲▼ | Delete<br>▲▼ | Uploaded On<br>▲▼ |
|--------------------------|---------------|-----------------|-----------------------|-------------------------|----------------------------|-----------------|--------------|-------------------|
| <input type="checkbox"/> |               |                 | 03                    | EL                      | 751439494                  | 14kb            | X            | 09/08/2025        |

View Page: 1 Go Page Count

Viewing Page: 1

SaveToCSV

First Prev Next Last

Print

Print Cover Page

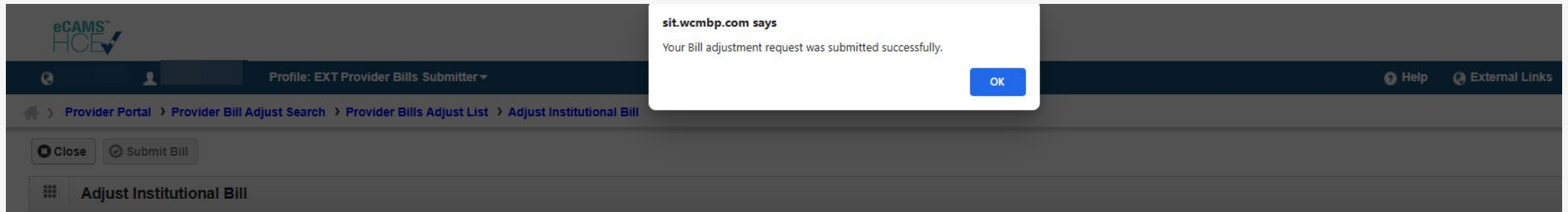
Submit



# Submitting Bills for Adjustment - Institutional (5 of 5)

A dialogue box opens confirming the bill adjustment request was submitted successfully.

7. Select **OK**.



# THANK YOU!

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## Version History Table

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