

# 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:

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

**Select a profile to use during this session:**

Profile:    
EXT Provider Bills Submitter  
EXT Provider Claims Payment Status Checker  
EXT Provider Eligibility Checker - Auth Submitter  
EXT Provider Eligibility Checker-Claims Submitter

# 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.

<b>Bills</b>
<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

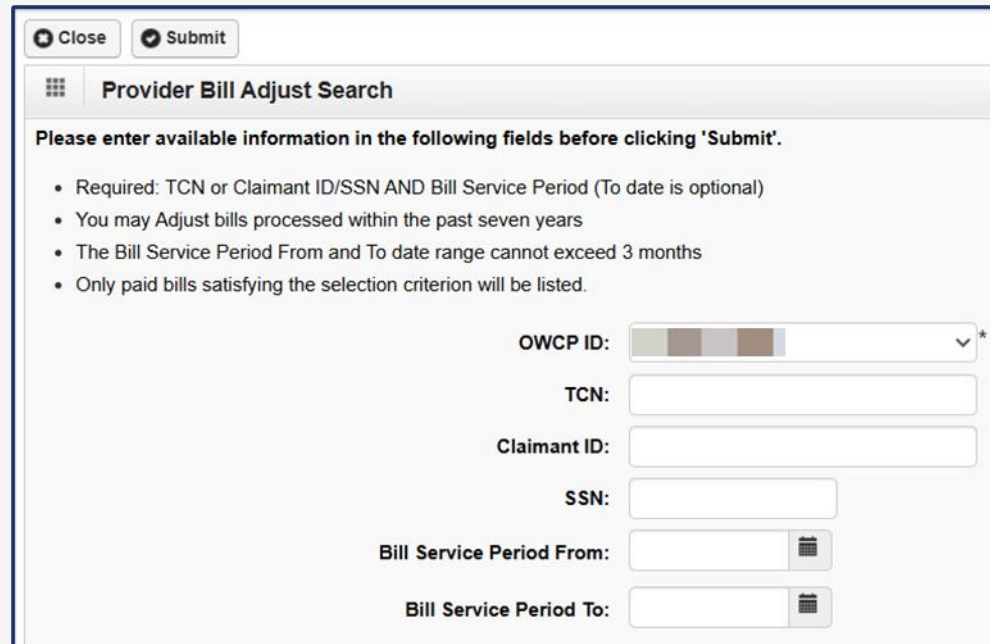
Effective 04/05/2025



# 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 form titled "Provider Bill Adjust Search". At the top left, there are "Close" and "Submit" buttons. Below the title bar, a message reads: "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
- Only paid bills satisfying the selection criterion will be listed.

The form contains the following input fields:

- OWCP ID:** A dropdown menu with a small grid icon on the left and a downward arrow on the right, followed by an asterisk.
- TCN:** A text input field.
- Claimant ID:** A text input field.
- SSN:** A text input field.
- Bill Service Period From:** A date input field with a calendar icon on the right.
- Bill Service Period To:** A date input field with a calendar icon on the right.

# 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.

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

Close Adjust

OWCP ID: [REDACTED]

### Provider Bills Adjust List

<input type="checkbox"/>	TCN ▲▼	Date of Service ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Payment Amount ▲▼	Claimant Name ▲▼	Claimant ID ▲▼	Child TCN ▲▼
<input checked="" type="checkbox"/>	[REDACTED]	05/05/2025	1: For more detailed information, see remittance advice.	\$41.98	\$41.98	[REDACTED]	[REDACTED]	

View Page: 1 Go + Page Count SaveToCSV Viewing Page: 1

« First < Prev > Next » Last

# 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.

The screenshot shows a web application interface for adjusting a professional bill. At the top, there is a breadcrumb trail: [Provider Portal](#) > [Provider Bill Adjust Search](#) > [Provider Bills Adjust List](#) > [Adjust Professional Bill](#). Below the breadcrumb are two buttons: **Close** and **Submit Bill**. The main section is titled **Adjust Professional Bill** and includes a note: "Note: asterisks ( \* ) denote required fields." Underneath is the **Basic Bill Info** section, which is currently expanded. It contains a sub-menu with options: [Provider](#), [Claimant](#), [Bill](#), and [Service](#). The **Program** dropdown is set to "DFEC - Division of Federal Employees' Compensation". The **Special Bill Indicator** dropdown is set to "Carrier Payments". To the right, there is a **Submitter ID** field with a masked input. Below this is the **ADJUSTMENT INFORMATION** section, which includes an **Original TCN** field with a masked input. At the bottom, there are five expandable sections: **PROVIDER INFORMATION**, **CLAIMANT INFORMATION**, **BILL INFORMATION**, and **BASIC LINE ITEM INFORMATION**. Each section has a grid icon on the left and a downward arrow on the right. The **BASIC LINE ITEM INFORMATION** section is currently expanded, indicated by a checkmark icon on the right.

# 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.

The screenshot displays the 'Adjust Professional Bill' web interface. At the top, there are navigation links: 'Provider Portal', 'Provider Bill Adjust Search', 'Provider Bills Adjust List', and 'Adjust Professional Bill'. Below the navigation are 'Close' and 'Submit Bill' buttons. The main heading is 'Adjust Professional Bill'. A note states: 'Note: asterisks ( \* ) denote required fields.' There are two tabs: 'Basic Bill Info' (selected) and 'Provider | Claimant | Bill | Service'. Under 'Basic Bill Info', there are dropdown menus for 'Program' (DFEC - Division of Federal Employees' Compensation) and 'Special Bill Indicator' (Carrier Payments). A 'Submitter ID' field is partially visible. Below this is the 'ADJUSTMENT INFORMATION' section, which includes a required field for 'Original TCN'. The 'PROVIDER INFORMATION' section is expanded, showing 'BILLING PROVIDER INFORMATION' with fields for 'Provider ID', 'NPI', and 'Provider Name'. There are also dropdowns for 'Type' (OWCP ID) and 'Taxonomy Code'.

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

2. 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.

### CLAIMANT INFORMATION

**CLAIMANT**

Claimant ID:  Type:

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:

Date of Death:  MM  DD  CCYY State/Province:

Zip Code:

**Does Bill have any Third Party Liability Amount?**  
 Yes  No

# 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:	<input type="text" value="Z96612"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>	5:	<input type="text"/>	6:	<input type="text"/>
7:	<input type="text"/>	8:	<input type="text"/>	9:	<input type="text"/>	10:	<input type="text"/>	11:	<input type="text"/>	12:	<input type="text"/>

**ANESTHESIA RELATED PROCEDURE**

**CONDITION INFORMATION**

**DELAY REASON**

[Top](#)

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

- 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	*	*	*
Service Date To:	MM DD CCYY	*	*	*
Place of Service (If different from header):	▼			
Procedure Code:		*	Modifiers:	1: 2: 3: 4:
Submitted Charges: \$:		*	Diagnosis Pointers:	1: 2: 3: 4:
Units/Quantity:		*		
Third Party Liability Amount:				
EMG:		▼		
Bill Note:	<div style="border: 1px solid #ccc; height: 20px;"></div>			
characters remaining:	500			
Prior Authorization Number:				
Rendering Provider ID (If different from header):		Type:	▼	Taxonomy Code:
Ordering Provider ID:		Type:	▼	
Referring Provider ID (If different from header):		Type:	▼	

# 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**.

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: DFEC - Division of Federal Employees' Compensation

Special Bill Indicator: Carrier Payments

Submitter ID: [Masked]

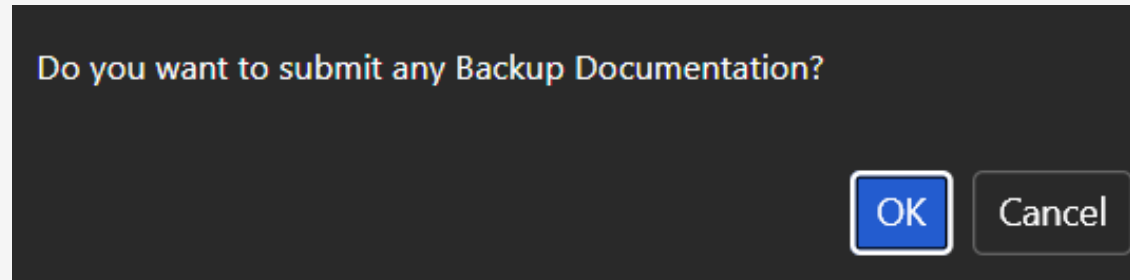
**ADJUSTMENT INFORMATION**

\* Original TCN: [Masked]

# 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)

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**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).

- 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).

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): [REDACTED]  
Original TCN: [REDACTED]  
Provider ID: [REDACTED]  
Claimant ID: [REDACTED]  
Date of Service: [REDACTED]  
Total Bill Charges: [REDACTED]

**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 EEO/CPA 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 ▲▼	File Name ▲▼	Attachment Type ▲▼	Transmission Code ▲▼	Attachment Control # ▲▼	File Size ▲▼	Delete ▲▼	Uploaded On ▲▼
<input type="checkbox"/>		Supporting Document.pdf	OZ	FT	25141P050350SA		X	

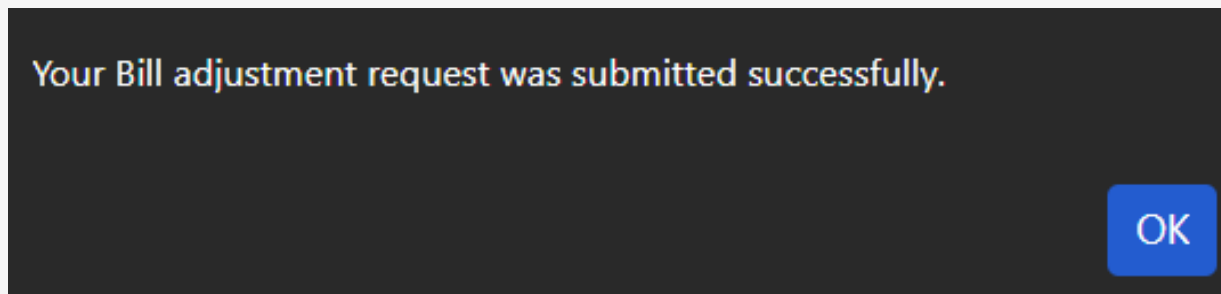
View Page: 1 Go Page Count Viewing Page: 1 First Prev Next Last

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

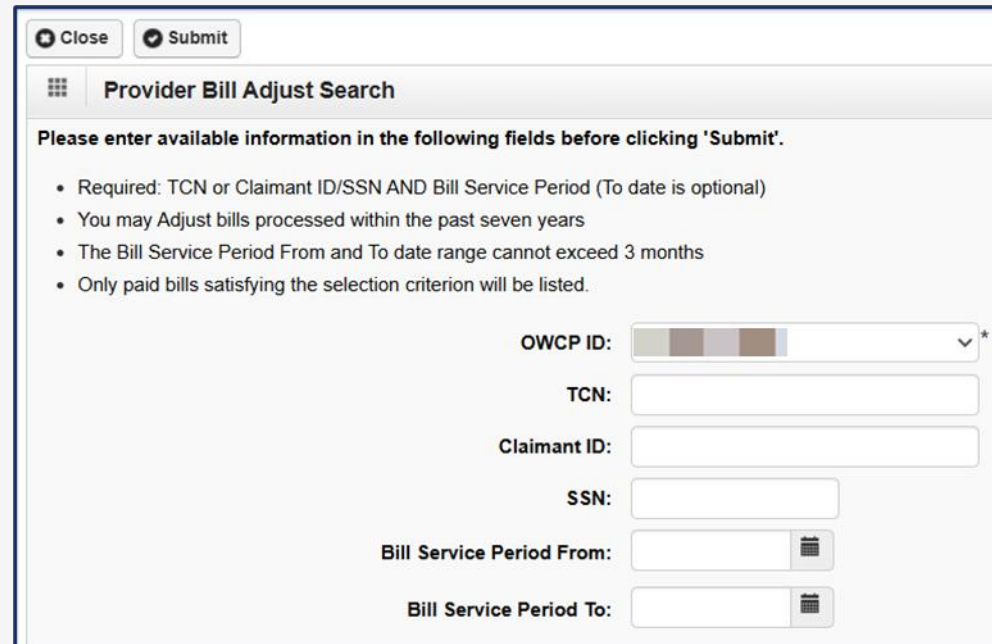
Effective 04/05/2025



# 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". At the top left, there are "Close" and "Submit" buttons. Below the title, a message reads: "Please enter available information in the following fields before clicking 'Submit'." This is followed by a bulleted 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 contains several input fields: "OWCP ID:" with a dropdown menu and an asterisk, "TCN:" with a text box, "Claimant ID:" with a text box, "SSN:" with a text box, "Bill Service Period From:" with a text box and a calendar icon, and "Bill Service Period To:" with a text box and a calendar icon.

# 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.

The screenshot shows the 'Provider Bills Adjust List' page. At the top, there are navigation links: 'Provider Portal > Provider Bill Adjust Search > Provider Bills Adjust List'. Below the navigation, there are buttons for 'Close' and 'Adjust'. A search field for 'OWCP ID:' is visible. The main content is a table titled 'Provider Bills Adjust List' with the following columns: TCN, Date of Service, Bill Status, Bill Charged Amount, Bill Payment Amount, Claimant Name, Claimant ID, and Child TCN. The table contains one row with a checked checkbox in the TCN column. The Bill Status column contains the text '1: For more detailed information, see remittance advice.' Below the table, there are controls for 'View Page: 1', 'Go', '+ Page Count', 'SaveToCSV', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

<input type="checkbox"/>	TCN ▲▼	Date of Service ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Payment Amount ▲▼	Claimant Name ▲▼	Claimant ID ▲▼	Child TCN ▲▼
<input checked="" type="checkbox"/>	[REDACTED]	05/05/2025	1: For more detailed information, see remittance advice.	\$41.98	\$41.98	[REDACTED]	[REDACTED]	

# 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.

The screenshot shows a web application interface for adjusting a bill. At the top, there is a breadcrumb trail: [Provider Portal](#) > [Provider Bill Adjust Search](#) > [Provider Bills Adjust List](#) > [Adjust Professional Bill](#). Below this, there are two buttons: **Close** and **Submit Bill**. The main section is titled **Adjust Institutional Bill** and includes a note: "Note: asterisks ( \* ) denote required fields." Underneath, there is a sub-section **Basic Bill Info** with a navigation bar: [Provider](#) | [Claimant](#) | [Bill](#) | [Service](#). The form contains several fields: **Program:** a dropdown menu set to "DFEC - Division of Federal Employees' Compensation"; **Special Bill Indicator:** a dropdown menu set to "NONE"; **Submitter ID:** a text input field with a masked value; and **ADJUSTMENT INFORMATION** section with an **Original TCN:** text input field. Below these are five expandable sections: **PROVIDER INFORMATION**, **CLAIMANT INFORMATION**, **BILL INFORMATION**, and **BASIC LINE ITEM INFORMATION**. Each section has a grid icon on the left and a downward arrow on the right. The **BASIC LINE ITEM INFORMATION** section is currently expanded, indicated by a checkmark icon on the right.

# 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:  Taxonomy Code:

NPI:  Medicare Number:

Provider Name:

Address Line 1: \* Address Line 2:

Address Line 3:

City/Town: \* \*

State/Province: \*

County: \* \*

Country: \* \*

Zip Code:  -

**ATTENDING PROVIDER INFORMATION**

Provider ID:  Type:  Taxonomy Code:

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

2. 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:

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: \*

Bill Classification: \*

Statement Dates: From:   \* To:   \*

Admission Date/Hour:    -  :

Admission Type:

Admission Source: \*

Discharge Hour:  :

Patient Status: \*

# 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**.

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: [REDACTED]

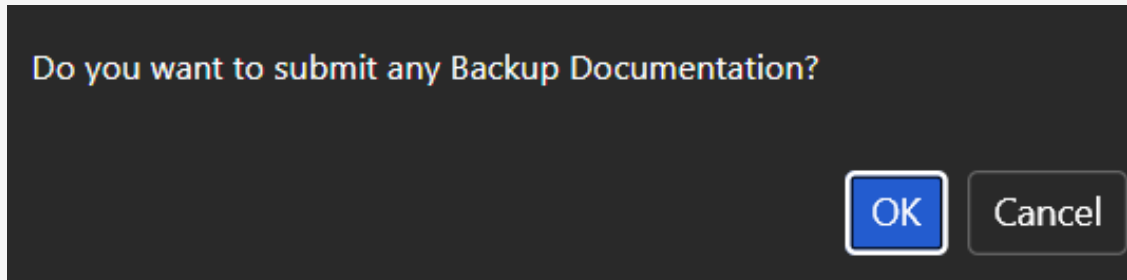
**ADJUSTMENT INFORMATION**

\* ORIGINAL TCN: [REDACTED]

# 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](#)

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**Adjust Institutional Bill Details**

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

View Page: 1 [Go](#) [Page Count](#) Viewing Page: 1 [First](#) [Prev](#) [Next](#) [Last](#)

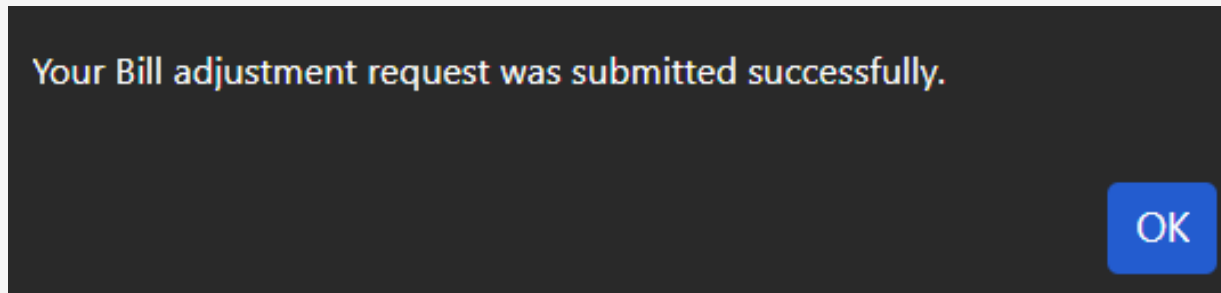
[SaveToCSV](#)

[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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Effective 04/05/2025

