

OVERPAYMENT REFUND

TO BE COMPLETED BY MEDICARE CONTRACTOR

Date: _____
Contractor Deposit Control #: _____ Date of Deposit: _____
Contractor Contact Name: _____ Phone Number: _____
Contractor Address: _____
Contractor Fax Number: _____

TO BE COMPLETED BY PROVIDER/PHYSICIAN/SUPPLIER

Please complete and forward to Medicare Contractor. This form, or a similar document containing the following information, should accompany every voluntary refund so that receipt of check is properly recorded and applied.

Provider/Physician/Supplier Name: _____
Address: _____
Provider/Physician/Supplier Number: _____
Contact Person: _____ Phone Number: _____
Amount of Check: \$ _____ Check Date: _____

REFUND INFORMATION

For each Claim, provide the following:

Patient Name: _____ HIC Number: _____
Medicare Claim Number: _____
Claim Amount Refunded: \$ _____
Reason Code for Claim Adjustment: _____ (Select reason code from list below.
Use one reason code per claim.)

(Please list all claim numbers involved. Attach a separate sheet, if necessary.)

Note: If Specific Patient/HIC/Claim #/Claim Amount Data is not available for all claims due to Statistical Sampling, please indicate methodology and formula used to determine the amount and reason for overpayment: _____

For Institutional Facilities Only:

Cost Report Year(s): _____
(If multiple cost report years are involved, provide a breakdown by amount and corresponding cost report year.)

For OIG Reporting Requirements:

Do you have a Corporate Integrity Agreement with OIG? Yes _____ No _____

REASON CODES

<u>Billing/Clerical Error</u>	<u>MSP/Other Payer Involvement</u>	<u>Miscellaneous</u>
01- Corrected Date of Service	08-MSP Group Health Plan Insurance	13-Insufficient Documentation
02-Duplicate	09-MSP No Fault Insurance	14-Patient Enrolled in an HMO
03-Corrected CPT Code	10-MSP Liability Insurance	15-Services Not Rendered
04-Not Our Patient(s)	11-MSP Workers Comp/Black Lung	16-Medical Necessity
05-Modifier Added/Removed	12-Veterans Administration	17-Other (Please Specify)
06-Billed in Error		_____
07-Corrected CPT Code		

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