

OVERPAYMENT REFUND FORM

Provider/Physicians/Supplier or Other Entity:

Provider/Physician/Supplier or Other Entity Name: _____

Address: _____ City: _____ State: _____ Zip: _____

PTAN/NPI #: _____ Tax ID #: _____

Contact Person: _____ Phone #: _____ Amount of Check: \$ _____

Check #: _____ Check Date: _____ Total Billed Amount: \$ _____

Refund Information:

Patient Name: _____ HIC #: _____ Date of Service: _____

Claim #: _____ Claim Amount Refunded: \$ _____

Reason for the refund (Select from Reason Code list below. Use one reason code per claim): _____

If secondary payer, list Primary Insurance: _____ Subscriber Name: _____

Subscriber Relationship: _____ Policy #: _____ Group #: _____

Insurer Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Ext: _____ Injury Diagnosis: _____ Injury Date: _____

Is this secondary? Yes No **If yes, must attach EOB**

NOTE: If specific patient/HIC/Claim #/Claim information is not provided, no appeal rights can be afforded with respect to this refund. Providers/physicians/suppliers, and other entities who are submitting a refund under the OIG's Self-Disclosure Protocol or who are under a CIA are not afforded appeal rights as stated in the signed agreement presented by the OIG.

Reason Code List:

- | | | |
|--|---|---|
| 01-Price Authorization Expired | 0L-Exceeds Plan Maximums | 18-Notifications |
| 02-Price Authorization no longer required | 0M-Non-covered Service | 19-Cosmetic |
| 03-Product not on the price authorization | 0N-No Prior Approval | 20-Once in a lifetime restrictions applies |
| 04-Authorized Quantity Exceeded | 0P-Requested Information Not Received | 21-Transport Request Denied |
| 05-Special Cost Incorrect | 0Q-Duplicate Request | 22-Ambulance Certification Segment information doesn't correspond to Transport Address Segment |
| 06-No Credit Allowed | 0R-Service Inconsistent with Diagnosis | 23-Mileage cannot be computed based on data submitted |
| 07-Administrative Cancellation | 0S-Pre-existing Condition | 24-Computed mileage is inconsistent with transport information or service units submitted |
| 08-Unit resale higher than authorized | 0T-Experimental Service or Procedure | 25-Services were not considered due to other errors in the request. |
| 09-Out of Network | 0U-Additional Patient Information required | 26-Missing Provider Role |
| 0A-Testing not Included | 0V-Requires Medical Review | 27-Patient is currently in a health insurance Exchange premium payment grace period--first month. Note: Use only for Individual Market Qualified Health Plans. |
| 0B-Request Forwarded To and Decision Response Forthcoming From an External Review Organization | 0W-Disposition pending review | 28-Patient is currently in a Health Insurance Exchange premium payment grace period--second month. Note: Use only for Individual Market Qualified Health Plans. |
| 0C-Authorization/Access Restrictions | 0X-Service Inconsistent with Provider Type | 29-Patient is currently in a Health Insurance Exchange premium payment grace period--third month. Note: Use only for Individual Market Qualified Health Plans. |
| 0D-Requires PCP authorization | 0Y-Service inconsistent with Patient's Age | |
| 0E-Provider is Not Primary Care Physician | 0Z-Service inconsistent with Patient's gender | |
| 0F-Not Medically Necessary | 10-Product/service/procedure delivery pattern | |
| 0G-Level of Care Not Appropriate | 11-Pricing | |
| 0H-Certification Not Required for this Service | 12-Patient is restricted to specific provider | |
| 0J-Certification Responsibility of External Review Organization | 13-Service authorized for another provider | |
| 0K-Primary Care Service | 14-plan/contractual guidelines not followed | |
| | 15-Plan/contractual geographic restriction | |
| | 16-Inappropriate facility type | |
| | 17-Time limits not met | |

For OIG Reporting Requirements:

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

Are you a participant in the OIG Self-disclosure Protocol? Yes No