



PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION



Initial Overpayment Letter Request by Fax Process

ALL fields are REQUIRED.

To request a copy of a first demand letter that is referenced in an Intent to Refer (ITR) letter, complete, sign and fax this form to the fax number at the bottom of this form."

Provider Information

Overpayment Detail Information

Provider Name:

Intent to Refer Letter Number (Top right portion of the ITR letter):

National Provider Identifier (NPI):

Date of First Letter:

 / /

Provider Number:

Fax Number:

 () -

Address where letter copy should be mailed:

Telephone Number:

 () -

Tax Identification Number:

Location:

North Carolina

Virginia

South Carolina

West Virginia

Name of Requestor (Please Print):

Signature of Requestor:

Date:

