



PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION



Medicare Secondary Payer Refund Overpayment — Check Enclosed

ALL fields are **REQUIRED**.

For your convenience, submit this form and your payment electronically via the eServices portal located at www.PalmettoGBA.com/eServices or complete this form and mail to the address at the bottom of this form.

Please indicate where the services were provided

North Carolina South Carolina Virginia West Virginia

Provider Information

Patient & Claim Information

Other Insurance Information

Provider Name:

Patient Name:

Insurance Name (if applicable):

Provider Address:

Medicare Beneficiary Identifier (MBI):

Insurance Address:

Provider Telephone Number:

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Claim Number (DCN):

Insured Name (if applicable):

Contact Name:

Claim Date(s) of Service:

Insured ID Number (if applicable):

National Provider Identifier (NPI):

CPT Code(s):

Primary Payer Allowance:

Provider Number (PTAN):

Diagnosis Code(s):

Primary Payer Payment:

Tax ID:

Overpaid Amount:

Yes, we have a Corporate Integrity Agreement with OIG

Check Information

Check Number:

Check Date:

/ /

Check Amount:

Reason(s) for Overpayment (Please select from the list below)

Group Health Plan Insurance	Workers' Compensation	End Stage Renal Disease (ESRD)
No Fault Insurance	Black Lung	Disability
Liability Insurance	Other Insurance Involvement (Please Explain in the Space Below):	

PLEASE ATTACH:

- Please complete this form and include it with your submission.
- Please attach detailed information. For overpayments that involve multiple patients, please submit detailed information for each.
- Please enclose the check made payable to Palmetto GBA or Medicare; otherwise, the check cannot be accepted for deposit.
- If the primary insurance payer has not been determined, please make the check out for the entire amount of the claim.
- Please include a copy of explanation of benefits received from other insurance.

Please send this form and all additional documentation to

Palmetto GBA
Medicare Secondary Payer - Part A
P.O. Box 100277
Columbia, SC 29202

MS-JM-A-2510



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