



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 (ICN):

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):	

NOTE: If specific patient/MBI/claim # information is not provided, no appeal rights can be afforded with respect to this refund.

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.

MS-JM-B-2511



Revised 12/2019

Please send this form and all additional documentation to:
Palmetto GBA

Medicare Secondary Payer - Part B
P.O. Box 100246
Columbia, SC 29202



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PALMETTO GBA[®]
A CELERIAN GROUP COMPANY



Medicare Secondary Payer Refund Overpayment — Check Enclosed Instructions

When you identify an overpayment related to a claim with Medicare Secondary Payer (MSP) involvement, please complete this form and enclose a check addressed to Palmetto GBA or Medicare.

Overpayments are Medicare funds a provider, physician/supplier or beneficiary has received in excess of amounts due and payable by Medicare. Once a determination of overpayment has been made, the amount is a debt owed to the United States Government.

Regulations require timely and aggressive efforts to collect overpayments. If not refunded, a written request for refund of the overpayment will be sent. Interest is assessed on the 31st day from the request, and offset from other benefits payable will occur on the 41st day.

If you have entered into an agreement with the Office of Inspector General (OIG) as part of a global settlement of a fraud investigation, you must indicate this by selecting 'Yes' on the form.