



PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION



PALMETTO GBA
A CELERIAN GROUP COMPANY



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.

Provider Information

Provider Name:

Provider Address:

Provider Telephone Number:

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Contact Name:

National Provider Identifier (NPI):

Provider Number (PTAN):

Tax ID:

Patient & Claim Information

Patient Name:

Medicare Number:

Claim Number (ICN):

Claim Date(s) of Service:

CPT Code(s):

Diagnosis Code(s):

Overpaid Amount:

Other Insurance Information

Insurance Name (if applicable):

Insurance Address:

Insured Name (if applicable):

Insured ID Number (if applicable):

Primary Payer Allowance:

Primary Payer Payment:

Yes, we have a Corporate Integrity Agreement with OIG

Check Information

Check Number:

Check Date:

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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 attach this form along with your electronic payment using eCheck via Palmetto GBA's eServices, or
- 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-RRB-B-2510



Revised 3/2018

Please send this form and all additional documentation to
Palmetto GBA – Railroad Medicare
Medicare Part B – Finance & Accounting
P.O. Box 367
Augusta, GA 30909