



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:

