PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION

Voluntary 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

Alabama Georgia Tennessee

Provider Information

Provider Name:

Provider Address:

Contact Name:

Contact Direct Telephone & Extension

( ) - x

National Provider Identifier (NPI):

Provider Number (PTAN):

Tax ID:

Patient & Claim Information

Patient Name:

Medicare Beneficiary Identifier (MBI/HIC):

Claim Number (DCN):

Claim Date(s) of Service:

CPT Code(s):

Diagnosis Code(s):

Enclosed Check Information

Enclosed Check Number:

Enclosed Check Amount:

Enclosed Check Date:

/ /

Overpaid Amount:

Yes, we have a corporate Integrity Agreement with OIG

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

Billed in Error	Service Not Rendered
Incorrect Service Date (Please provide correct date of service): / /	Modifier Added or Removed (Please provide correction you wish to make):
Duplicate Payment (Please provide correct payment date): / /	Medical Necessity Not Met (Please explain. Attach additional sheet if necessary):
Incorrect CPT Code (Please provide correct CPT code):	Patient Enrolled in HMO (Please indicate which HMO):
Not Our Patient(s) (Please explain circumstance):	Other (Please explain):

(Please list all claim numbers involved. Attach separate sheet, if necessary.)

Note: If specific patient/HIC/claim amount data is not available for all claims due to statistical sampling, please indicate methodology and formula used to determine amount and reason for overpayment.

Note: If specific patient/HIC/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 attached 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.

Please send this form and all additional documentation to
Palmetto GBA, LLC
Finance & Accounting
P.O. Box 100313
Columbia, SC 29202

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