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:	Health Insurance Claim (HIC) Number:	Insurance Address:
	Claim Number (DCN):	
Provider Telephone Number: ( ) -	Claim Date(s) of Service:	Insured Name (if applicable):
Contact Name:	CPT Code(s):	Insured ID Number (if applicable):
National Provider Identifier (NPI):	Diagnosis Code(s):	Primary Payer Allowance:
Provider Number (PTAN):	Overpaid Amount:	Primary Payer Payment:
Tax ID:		

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
Medicare HHH - Finance & Accounting
P.O. Box 100277
Columbia, SC 29202-3277