PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION

PALMETTO GBA®
A CELERIAN GROUP COMPANY

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

☐ Alabama ☐ Georgia ☐ Tennessee

Provider Information

Provider Name:

Provider Address:

Provider Telephone Number:

( ) -

Contact Name:

National Provider Identifier (NPI):

Provider Number (PTAN):

Tax ID:

Patient & Claim Information

Patient Name:

Medicare Beneficiary Identifier (MBI):

Claim Number (DCN):

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: / /

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 Secondary Payer - Part A
P.O. Box 100312
Columbia, SC 29202