



A CMS Medicare Administrative Contractor

Jurisdiction 6 Medicare Part B MSP Overpayment Request Form

Claim(s)-Specific Data

Date of Service: _____ Overpayment Amount: _____

Beneficiary Health Insurance Claim Number (HICN): _____ Medicare Beneficiary Identifier (MBI): _____

Claim Control Number(s): _____

Immediate Offset Request: Allow National Government Services to set up an immediate recoupment for this overpayment request. By checking this box you acknowledge that an immediate recoupment payment arrangement constitutes a voluntary payment and that you may be waiving the right to potential payment of interest pursuant to Section 1893(f)(2) for the overpayment(s). **Note:** Although your overpayment will be offset upon completion of this request, please be aware that a demand letter will still be created for your records.

Reason for Overpayment

Medicare Secondary Payer (MSP)/Other Payer Involvement

- 07-MSP Group Health Plan Insurance: (working aged, disability, end-stage renal disease [ESRD])
- 08-MSP Auto No Fault Insurance
- 09-MSP Liability Insurance
- 10-MSP Worker's Comp. (Includes Black Lung)
- 16-Other _____

Complete the following **primary** insurance information and **attach a copy of the primary payer's Explanation of Benefits (EOB).**

Policy Information

Insurer Information

Subscriber Name: _____	Name: _____
Relation to Patient: _____	Address: _____
Policy Number: _____	City, State and ZIP Code: _____
Group Number: _____	Phone Number: _____
Injury Date (if applicable): _____	
Related Diagnosis: _____	

Contact Information

Provider Transaction Access Number (PTAN) and/or National Provider Identifier (NPI): _____

Provider Name: _____

Contact Name: _____ Phone Number: _____

Signature: _____
 Provider, Administrator or CFO's signature (someone with authority is required to sign).

Mail this completed form and primary EOB to:

National Government Services
 J6 Part B MAC MSP Overpayment Recovery Unit
 P.O. Box 6475
 Indianapolis, IN 46206-6475

Or Fax this completed form and primary EOB to: **315-442-4151**

