



A CMS Medicare Administrative Contractor

Medicare Secondary Payer Part B Voluntary Refund Form

To Be Completed By Medicare Contractor

Date: Contractor Deposit Control #: Date of Deposit: Contractor Contact Name: Phone #: Contractor Fax: Contractor Address:

To Be Completed By Provider/Physician/Supplier or Other Entity

Please complete and forward to your Medicare contractor. This form, or a similar document containing the following information, should accompany every unsolicited/voluntary refund so that receipt of check is properly recorded and applied.

Physician/Supplier or Other Entity Name: Address: PTAN #: NPI #: Tax ID #: Contact Person: Phone #: Amount of Check \$: Check #: Check Date:

Refund Information

For each claim, provide the following:

Patient Name: Health Insurance Claim # (HIC#): Date of Service: Medicare Claim Number: Claim Amount Refunded \$:

Reason Code for Claim Adjustment: (Reason codes are listed below. Use one reason per claim.) Please list all claim numbers involved. Attach separate sheet, if necessary.

Note: If specific patient/HIC#/claim #/claim amount data 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 number information is not provided, no appeal rights can be afforded with respect to this refund. Providers/physicians/suppliers, and other entities who are submitting a refund under the Office of the Inspector General (OIG) Self-Disclosure Protocol are not afforded appeal rights as stated in the signed agreement presented by the OIG.

For Institutional Facilities Only: Cost report year(s): (If multiple cost report years are involved, provide a breakdown by amount and corresponding cost report year.)

For OIG Reporting Requirements

Do you have a corporate integrity agreement with OIG? Are you a participant in the OIG Self-Disclosure Protocol?

Reason Codes

Table with 3 columns: Billing/Clerical, MSP/Other Payer Involvement, and Miscellaneous. Lists codes 01-16 and their descriptions.

Mail Completed Form to:

Jurisdiction 6 (IL, MN, WI) National Government Services, Inc. P.O. Box 809194 Chicago, IL 60680-9194

