

Overpayment Refund Notification Form

In order for the overpayment refund to be processed in a timely manner, please submit a completed form with all refund checks and supporting documentation. If the refund check you are submitting is an Amerigroup Community Care check, please include a completed form specifying the reason for the return of the check.

Provider information	
Provider name/contact:	
Contact number:	Provider ID:
NPI number:	Provider tax ID:
Subscriber ID:	DCN number (Displayed on CCU letter):
Member information	
Member name:	
Member account number:	Date of service:
Total billed charges:	Claim number:
Overpayment information	
Total check amount:	Date overpayment identified:
Date range/time frame the issue(s) occurred:	Specific CPT/HCPCS/DRG code(s) involved with the reimbursement:
Have you performed due diligence to ensure this voluntary refund is isolated only to the identified claim(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you self-identify the overpayment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, then briefly explain who identified the overpayment and issues or billing codes that were identified.	

Additional claim(s)			
Claim number	Member name	Member account #	Date of service
Reason for refund or check return:			
<input type="checkbox"/> Amerigroup letter		<input type="checkbox"/> Negative balance	
<input type="checkbox"/> Contract rate change		<input type="checkbox"/> Other health insurance/third-party liability	
<input type="checkbox"/> Duplicate payment		<input type="checkbox"/> Payment error	
<input type="checkbox"/> Incorrect member		<input type="checkbox"/> Billed in error/adjusted charge	
<input type="checkbox"/> Incorrect provider		<input type="checkbox"/> Other: _____	

All refund checks should be mailed with a copy of this form to:
 Amerigroup Community Care
 P.O. Box 933657
 Atlanta, GA 31193-3657

Once the Amerigroup Cost Containment Unit has reviewed the overpayment, you will receive a letter explaining the details of the reconciliation. Thank you for completing this *Overpayment Refund Notification Form*.