MedStar Family Choice
DISTRICT OF COLUMBIA

Provider Overpayment Refund Submission Form

INSTRUCTIONS

This form should be used anytime you are submitting a refund to MedStar Family Choice-DC.

1. Complete this form and include it with your refund so we can properly apply the check.
2. Use a separate form for each enrollee included on the enclosed refund check.
3. Attach a copy of the original provider voucher, along with additional information that might assist in processing refund.
4. For multiple claims, print the attached spreadsheet with a list of all claim numbers involved.

Important: Before issuing a refund, please verify that the accounts receivable reflected on your provider voucher has not already been satisfied.

Please select one: ☐ Immediate Recoupment of Payment ☐ Refund Check Attached

INFORMATION

Provider/Practice Name:	Date:
Provider TIN:	Date of Service:
Enrollee Name:	Claim #:
MedStar Family Choice-DC ID #:	Refund Amount:

REASON FOR REFUND

- ☐ Billed in error
- ☐ Returned product (DME/Supplies)
- ☐ COB (If other insurance is primary, please attach the primary EOB)
- ☐ Subrogation/Worker's compensation (please attach document from carrier)
- ☐ Not our patient
- ☐ Processed under wrong NPI (be sure to include correct NPI)
- ☐ Duplicate payment
- ☐ Other (Comments required)

ADDITIONAL COMMENTS

CONTACT INFORMATION

Contact Person:	Contact Phone #:	Contact Email:

Mail to: MedStar Family Choice-DC
5233 King Ave., Suite 400
Baltimore, MD 21237

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This spreadsheet should be used to submit multiple claims on a refund. Please submit spreadsheet with top cover page. Supply all available information to help ensure the proper posting of your check. Additional documentation, such as Remittance Advice (RA) is also helpful and should be submitted if available.

Please be specific when completing the Reason of Overpayment column and make sure your check total equals the claim totals identified. Thank you.

Enrollee ID	Enrollee First Name	Enrollee Last Name	Provider Tax ID #	Claim #	MFC Check #	Service Date	Billed Amount	Refund Amount	Reason for Overpayment