

Part B KY & OH Overpayment Recovery Request

Note: Please submit one claim per form; include the Medicare Remittance Notice. This form should not be used to accompany a check.

Fax: 1.615.664.5916 (KY)
1.615.664.5926 (OH)

Select the region in which the services were provided:

Kentucky Ohio

Select the type of Overpayment:

Non-MSP MSP

Provider Information

Facility Name:

Contact Name:

Telephone Number:

NPI: PTAN:

Patient Information

Patient Name:

Patient Medicare Number:

Claim Number (ICN):

Patient Information

Date of Service	Procedure Code	Amount Overpaid

Reason for Non MSP Overpayment (select one)

- | | | |
|-------------------|-------------------------------------|------------------------------|
| Billed in Error | Patient in Skilled Nursing Facility | Corrected Date of Service(s) |
| Duplicate | Patient in Home Health | Corrected Procedure Code(s) |
| Patient Deceased | Patient in Hospice | Services Not Rendered |
| Not Our Patient | Patient in HMO | Veterans Administration |
| Medical Necessity | Corrected # of Units | Other |

Reason for Overpayment: MSP (select one)

Note: Attach a copy of the primary payer Explanation of Benefits (EOB) or payment information.

- No Fault Insurance MSP Liability Insurance MSP Group Health Plan MSP Workers Comp including Black Lung

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