DME MAC Jurisdiction B Overpayment Recovery Request | OPR 412

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

Fax Request to: 1.615.782.4508

Select the type of Overpayment:

Non-MSP   MSP

Provider Information

Facility Name: _____

NPI: _____

PTAN: _____

Contact Name: _____

Telephone Number: _____

Patient Information

Patient Name: _____

Medicare ID number: _____

ICN: _____

Claim Information

Date of Service	Procedure Code	Amount Overpaid
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for Non MSP Overpayment (select one)

Enter the appropriate letter from the options below: _____

A - Billed in Error	F - Patient in Skilled Nursing Facility	K - Corrected Date of Service(s)
B - Duplicate	G - Patient in Home Health	L - Corrected Procedure Code(s)
C - Patient Deceased	H - Patient in Hospice	M - Services Not Rendered
D - Items Returned	I - Patient in HMO	N - Veterans Administration
E - Medical Necessity	J - Not Our Patient	O - Other

Reason for MSP Overpayment:

Enter the appropriate letter from the options below: _____

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

A - No Fault Insurance	C - MSP Group Health Plan
B - MSP Liability Insurance	D - MSP Workers Comp including Black Lung