

OVERPAYMENT RECOVERY REQUEST: NON-MSP

JURISDICTION 15 PART B KENTUCKY & OHIO

OPR 677

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:

Provider Information

Facility Name _____
NPI _____
PTAN _____
Contact Name _____
Telephone Number _____

Patient Information

Patient Name _____
Patient Medicare ID _____
Claim Number (ICN) _____

Type of Adjustment

* Note: When selecting Claim Adjustment, please only provide one type of adjustment to apply to the entire claim.

Type	Action	Line	Pos	New Value	DOS From	DOS To
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Type	Line	Reason for Request
_____	_____	_____

*Note: Supporting documentation is required. Please attach to this request.

CGS Administrators, LLC
PO Box 20018
Nashville, TN 37202

FOR OFFICE USE ONLY

