

DME MAC Jurisdiction C 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: 1.615.782.4477

Select the type of Overpayment:

Non-MSP MSP

Provider Information

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

Patient Information

Patient Name: _____ Health Insurance Claims (HIC) 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
- B - Duplicate
- C - Patient Deceased
- D - Items Returned
- E - Medical Necessity
- F - Patient in Skilled Nursing Facility
- G - Patient in Home Health
- H - Patient in Hospice
- I - Patient in HMO
- J - Not Our Patient
- K - Corrected Date of Service(s)
- L - Corrected Procedure Code(s)
- M - Services Not Rendered
- N - Veterans Administration
- 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
- B - MSP Liability Insurance
- C - MSP Group Health Plan
- D - MSP Workers Comp including Black Lung