



Overpayment/Refund Form

Participating providers are entitled access to the Provider Engagement, Analytics & Reporting (PEAR) portal and should be initiating an adjustment to correct an overpayment through PEAR Practice Management using the Claim Search transaction. Enter the appropriate search criteria: Billing Provider and Member ID and DOB or Billing Provider and Member Last Name, First Name, and DOB. From the Claim Details screen, use the *Create New Investigation* button to submit your request. Through this preferred and expedited method, credits and/or retractions will automatically appear on a future Provider Explanation of Benefits (Provider EOB) or Provider Remittance.

If your organization is not registered for the PEAR portal, visit the [Provider News Center](#). Once you are registered, you may submit your adjustment request as outlined above.

If you are not a participating provider, please call Customer Service at **1-800-275-2583** or you may complete this form and mail it along with a copy of the Provider EOB or Provider Remittance to:

Cash Applications - Claims Overpayment Refund
 PO Box 8128
 Philadelphia, PA 19101

Date _____ Provider ID # or NPI _____

Provider name _____

Provider address _____

Contact at provider's office _____ Telephone # _____

Providing patient information enables us to credit your account in a timely manner.

Member name and ID #	Dates of service	Claim #	Remit amount

Reason for refund:	Type of refund:
<input type="checkbox"/> Payment of outstanding credit balance or A/R <input type="checkbox"/> Duplicate payment <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Medicare <input type="checkbox"/> Other insurance _____ <input type="checkbox"/> Provider billing error <input type="checkbox"/> Processing error <input type="checkbox"/> Unable to identify patient <input type="checkbox"/> Multiple payments (If multiple members are affected, attach a copy of your Provider EOB or Provider Remittance with names highlighted.)	<input type="checkbox"/> Medical claim <input type="checkbox"/> Capitation <input type="checkbox"/> Other _____ _____ _____

Comments
