Refund/Overpayment Check Information Form

Use this form to submit a refund for **ONE** claim only. Incomplete forms or missing documentation may delay processing.

For submissions involving **MULTIPLE** claims, providers must complete the Refund/Overpayment Grid.

Important: This form must be placed directly behind the refund check when submitting by mail.

Provider Contact Information:

Contact Name	
Phone Number	
Email	

Refund Details:

Refund Check Number	
Check Date	
Amount Refunded	

Claim Information:

Member Name	
Patient Account Number	
Claim Number	
Date of Service (DOS)	
Total Billed Amount	

Refund/Overpayment Reason:

- ☐ 01 = SIU Case, Non-OIG/OAG
- ☐ 02 = Post-adjudication Claims Reviews
- ☐ 03 = Incorrect Diagnosis Related Group (DRG)
- ☐ 04 = Provider Error in Billing Claim
- ☐ 05 = MCO Error in Processing Claim
- ☐ 06 = Eligibility Error
- ☐ 07 = Provider Eligibility Error
- ☐ 08 = Coordination of Benefits (provider-specific, non-TPL)
- ☐ 09 = Result of OIG or OAG Activity
- ☐ 10 = Rate Change
- ☐ 11 = Provider Preventable Condition
- ☐ 12 = Product Returned to Stock or Undeliverable (pharmacy, eyewear, DME, etc.)
- ☐ 13 = Directed Payment Programs (DPP), CHIRP, TIPPS, RAPPS
- ☐ Other: _____

Additional Information:

Mail completed Refund/Overpayment Form to:

Superior HealthPlan, Inc., Recovery Department
P. O. Box 664007
Dallas, TX 75266-4007

SuperiorHealthPlan.com