Submit completed Refund/Overpayment Grid to:
Superior HealthPlan, Inc., Recovery Department
P.O. Box 664007
Dallas, TX 75266-4007

REFUND/OVERPAYMENT GRID

Provider Contact Information	
Contact Name	
Phone Number	
Email	

Check Information	
Refund Check Number	
Check Date	

Important: If the refund/overpayment is for a dual-eligible member, please include both the Medicare and Medicaid claim number with your submission.

Member Name	Patient Account Number	Claim Number	Date of Service (DOS)	Total Billed Amount Of Claim	Amount Being Refunded	Refund/Overpayment Reason *	Additional Information Required for Posting
						Select	
						Select	
						Select	
						Select	
						Select	
						Select	
						Select	
						Select	
						Select	
						Select	
						Select	
						Select	

*** 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