

(Process for submitting – PATIENT REFUND REQUEST)

PATIENT REFUND REQUEST

DEPARTMENT: CASH UNDISTRIBUTED

Upon completion of AR/Collector's research in SMS (When refund is due to patient) Patient Refund Request can be submitted to the Cash Undistributed Unit for processing.

**PATIENT REFUND REQUEST MUST BE FILLED OUT IN ITS ENTIRETY:
(PLEASE REFER TO THE EXPLANATIONS BELOW)**

1. Date request is submitted to CU
 2. Requestor's name/Phone#/Extension
 3. Department where refund will be issued for/from
 4. Patient Name (Last, First)
 5. Refund Issued To (Last, First) – In case guarantor is parent/spouse
 6. Address Refund will be mailed to (Must be verified – refer to #18 below)
 7. Case# Where Refund will be taken From
 8. Invoice#
 9. Doctor#
 10. Amount of refund taken from this case (refer to line #7 above)
 11. Date of Service
 12. Prepay (Check if YES only)
 13. Payment Detail Line Where Credit is to be refunded
- (REPEAT LINES 7 – 13 IF MORE CASES/DETAILS INCLUDED IN ONE REFUND)**
14. TOTAL REFUND DUE
 15. Check reason for refund (Overpayment/Paid In Error/Duplicate Payment/No Co-Pay Due
 16. Adjustments: If refund will create a balance in the patient's account – please verify if adjustment or write off is needed.
 17. Transfer to Hospital Account (Check ONLY if no)
 18. PATIENT ADDRESS MUST BE VERIFIED

(PLEASE INCLUDE COPY OF PATIENT CHECK FROM WHICH PAYMENT WAS MADE OR ANY SMS PRINTSCREENS TO SUPPORT REFUND REQUEST)

EXAMPLE - E