

(Process for submitting – INSURANCE REFUND REQUEST)

INSURANCE REFUND REQUEST

DEPARTMENT: CASH UNDISTRIBUTED

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

**-INSURANCE 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. Case# Where Refund will be taken From
6. Invoice#
7. Doctor#
8. Amount of refund taken from this case (refer to line #7 above)
9. Date of Service
10. Charge Detail
11. Payment Detail Line Where Credit is to be refunded

(REPEAT LINES 5 - 11 IF MORE CASES/DETAILS INCLUDED IN ONE REFUND)

12. Payee – Insurance Company Name and Address (Refer to #18 below)
13. Subscriber Name – Guarantor or person who holds insurance policy
14. Insurance ID Number
15. Insurance policy/Group Number
16. Check Off Attachments (EOB/Insurance letter/Screen Print/Purged Report)
17. Payee Tax ID: Please verify that it's on your correspondence to avoid delay in Accounting
18. **INSURANCE ADDRESS INFORMATION MUST BE VERIFIED (Refer to #12 above)**
19. Reason for refund (Please check whichever applies to your request)
20. **TOTAL REFUND DUE**

(PLEASE INCLUDE COPY OF INSURANCE PAYMENT CHECK, EOBs OR ANY SMS PRINTSCREENS AND CORRESPONDENCE TO SUPPORT REFUND REQUEST)

EXAMPLE - F