

(Process for submitting – PATIENT CREDIT CARD REFUND REQUEST)

1 PATIENT CREDIT CARD REFUND REQUEST

DEPARTMENT: CASH UNDISTRIBUTED

Upon completion of AR/Collector's research in SMS (When refund is due to patient)

Submit Patient Credit Card Refund Request can be submitted to the Cash Undistributed Unit for processing.

**PATIENT CREDIT CARD 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. Type of Credit Card – Check One
6. Credit Card Number
7. Credit Card Expiration Date
8. Billing Zip Code (Patient)
9. Cardholder's Full Name

NOTE – CREDIT CARD REFUND WILL NOT BE PROCESSED WITHOUT ITEMS (5 – 9)

10. Case# Where Refund will be taken From
 11. Invoice#
 12. Doctor#
 13. Amount of refund taken from this case (refer to line #7 above)
 14. Date of Service
 15. Prepay (Check if YES only)
 16. Detail Line Where Credit is to be refunded
- (REPEAT LINES 10 - 16 IF MORE CASES/DETAILS INCLUDED IN ONE REFUND)**
17. Check reason for refund (Overpayment/Paid In Error/Duplicate Payment/No Co-Pay Due
 18. TOTAL REFUND DUE
 19. Adjustments: If refund will create a balance in the patient's account – please verify if adjustment or write off is needed.
 20. Transfer to Hospital Account (Check ONLY if no)
 21. PATIENT CREDIT CARD INFORMATION MUST BE VERIFIED

**(PLEASE INCLUDE COPY SMS PRINTSCREENS OR PATIENT
CORRESPONDENCE TO SUPPORT REFUND REQUEST)**

EXAMPLE - N