

CONTESTED REFUND FORM



A contested refund is a requested refund that you believe is invalid. We must receive your contestation request within 30 days of the initial refund request.

Instructions

The information you provide on this form will help us to more easily assess the reason for the contestation. We strive to make the claims refund process as efficient as possible. You can help by reviewing the tips below and returning the enclosed form as soon as possible. **Please note that all refund contestations must be submitted in writing within 30 days from the date of the refund request** (per Oregon state law).

Tips for expediting the contested refund process:

- Type or print in ink.
- Attach a separate Contested Refund Form for each contested refund.
- Include a copy of the Refund Request Letter you received from us.
- Include a detailed reason for the refund contestation.
- Include supporting documentation, such as chart notes, the primary carrier's Explanation of Benefits, or a precertification/preauthorization notice.

Return this form to:

PacificSource Health Plans
 Attn: Refunds
 PO Box 7068
 Springfield, OR 97475-0068
 Fax: (541) 225-3634

Questions? If you have any questions, you are welcome to contact your PacificSource Provider Service Representative directly, or you may call our Provider Network Department at (800) 624-6052, ext 2580.

GENERAL INFORMATION

Patient last name	First	M.I.	Member #
Claim #	Provider name		

REASON FOR REVIEW / RECONSIDERATION

Please include supporting documentation, such as chart notes, a letter of medical necessity, the primary carrier's Explanation of Benefits (EOB), or a precertification/preauthorization notice. Chart notes must be included for corrected diagnosis, corrected date of service, and corrected procedure codes.

- Corrected diagnosis
 Primary carrier's EOB
 Precertification/preauthorization
 Corrected date of service
 Corrected procedure code (CPT or CM)

Please note: Modifier changes require chart notes as well as an explanation. Example: For Modifier 59, indicate why this was a distinct and separately identifiable service.

Other: _____

Please attach a copy of the refund request letter, and list any clarifications or special instructions in the space below:
