Contested refund form

If you believe you have received a refund request or payment recoupment in error, please complete this form and submit it with copies of the refund request and your supporting documentation. This form helps us identify why you are contesting the refund.
We must receive your contestation within 30 days of the initial refund request.

Patient or client information

Last name _____ First name _____ MI _____

Member ID _____ Claim # _____

Date of service _____ Provider name _____

Reason for review or reconsideration

Please include supporting documentation, such as chart notes or a letter of medical necessity, the primary carrier's explanation of payment (EOP) statement, a preapproval notice, or a prior authorization notice.

Chart notes *must* be included for a corrected diagnosis, date of service, patient information, procedure code, or provider information.

Modifier changes require chart notes and an explanation.

Reason for correction (check all that apply)

☐ Diagnosis ☐ Date of service ☐ EOP ☐ Patient information

☐ Procedure code (CPT or CM) ☐ Provider information ☐ Preapproval, precertification, or prior authorization

☐ Other _____

Clarifications or special instructions (attach additional page if needed): ☐ Page attached

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Submission instructions

Submit the completed form, refund request letter, and supporting documentation by fax to **541-225-1901**.

Please retain a copy of all submitted materials for your records.

Mail submission is no longer accepted for this form.

Questions?

Please feel free to contact your PacificSource Provider Service Representative directly. We're happy to help.
Find our online Provider Service Directory at PacificSource.com/providers/service-representatives-directory.
Or email ProviderRelationsRep@PacificSource.com.