LifeWise

LifeWise Health Plan of Washington

OVERPAYMENT NOTIFICATION FORM – GENERAL INSTRUCTIONS FOR PROVIDERS

This form is for use by providers when an overpayment is being returned and/or action is being requested by LifeWise Health Plan of Washington. Following the guidelines below will expedite the handling of your overpayment. The use of this form is optional.

Do not use this form for corrected claims. If you need to submit a corrected claim, please complete the Corrected Claim Cover Sheet and submit it along with any required documentation. If your corrected claim results in an overpayment in an amount of $25 or more, we will send you a refund request letter for the overpayment amount.

Follow these steps for the completion and submission of the Overpayment Notification Form:

1. Mark the appropriate box on the form to indicate how you would like LifeWise to handle your overpayment. Your options include:

    a. **Check attached**: Please submit a check along with the completed Overpayment Notification Form and mail them to

    LWWA Provider Refunds
    PO Box 840542
    Los Angeles, CA 90084-0542

    b. **Request a voucher deduction/offset**: You will receive a letter from Calypso Healthcare Solutions, an independent company responsible for providing subrogation services to LifeWise Health Plan of Washington, notifying you that the voucher deduction process has been initiated. The overpayment amount will be offset against future payments (voucher deducted).

    c. **Please send a refund request letter**: You will receive an Overpayment Refund Request letter for refunds of $25 or more. Once you receive the initial letter, you can send in your payment. Please attach your payment to the refund request letter to expedite processing. *Important note: If the total overpayment amount has not been refunded within 60 days from your initial notice, the amount will be offset against future payments.*

2. Attach any required documentation.

Guidelines to support prompt processing of your request:

- We will not send you a refund request letter for refunds less than $25. If you need documentation for your office, please use our Standard Provider Letter For Refunds Less Than $25.
- There is no need to submit a duplicate notification to us via fax if you are mailing a check to us.
- An Explanation of Benefits (EOB) from the other insurance carrier is required if coordination of benefits is the reason for overpayment.

Overpayment Notification Form

LifeWise Health Plan of Washington

Use this form when notifying LifeWise Health Plan of Washington **of an overpayment.**
All areas with an asterisk (*) must be filled out.

- ☐ **Check attached**
- ☐ **Check this box to request a voucher deduction/offset**
- ☐ **Please send a refund request letter** (*Note: If the total overpayment amount has not been refunded within 60 days from your initial notice, the amount will be offset against future payments.)*

*Today's Date: _____

Claim/Patient Information

*Provider Name _____ *Claim Number _____

Subscriber Name _____ *Patient Name _____
Complete if different from subscriber

*Subscriber Number _____ Patient DOB _____
Include plan prefix

*Date of Service _____ *Claim Total Charge $ _____

Overpayment Amount $ _____

Please note that we do not request refunds or voucher deduct for overpayments under $25. These can be submitted voluntarily.*

Who should we call if we have a question?

*Contact Name: _____

*Contact Number: _____

Provider's Mailing Address

Attention: _____
*Provider Group Name: _____

*Address: _____
*City, State ZIP: _____

Questions: Call Calypso at 800-364-2991

*Please **fax** this form to 425-918-4722*

Thank you!

*Reason for Overpayment

☐ Primary Insurance Information (Coordination of Benefits) Required: EOB from other insurance plan

Name of other insurance: _____
Insurance Address (include ZIP code): _____
Subscriber name: _____
Phone #: ( ) _____ Policy # : _____ Group #: _____

☐ Duplicate payment/other claim number is: _____
☐ Incorrect patient: _____
☐ Services not rendered: _____
☐ Subrogation: _____
☐ Other:

_____

***We reserve the right to request a refund of multiple claims that individually are less than $25.**