

CALCULATION OF TOTAL OVERPAYMENT AMOUNT

CASE NUMBER:	SSN (Last 4 Digits):	DOB:	CIN NUMBER:	CATEGORY: TA <input type="checkbox"/> FS <input type="checkbox"/> MA <input type="checkbox"/> HEAP <input type="checkbox"/> DAY CARE <input type="checkbox"/>
CASE NAME AND ADDRESS:		TODAY'S DATE:		<input type="checkbox"/> TA RECOUPMENT/ CLAIM TYPE: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
		TYPE OF CLAIM: IHE <input type="checkbox"/> AE <input type="checkbox"/> IPV <input type="checkbox"/>		
DATE OF DISCOVERY: _____		CLAIM PERIOD (OVERPAYMENT PERIOD): FROM: _____ TO: _____		
DATE OF ESTABLISHMENT: _____				
DATE OF OVERPAYMENT NOTICE SENT: _____				
DATE CLAIM STARTED: _____				
MONTH OF ISSUANCE	AMOUNT ISSUED	ACTUAL ENTITLEMENT	OVERPAYMENT AMOUNT	
List Each Month In The Claim Period	Amount Of Benefit Received	Corrected Benefit Amount	Difference Between Benefit Received & Corrected Amount	
TOTALS:				

REASON FOR OVERPAYMENT:

Were other repayments during the period considered for TA overpayments? YES NO
 If yes, what repayments were considered?

WORKER NAME and/or Signature:	OFFICE:	UNIT:	WORKER ID:	TELEPHONE NO.:
SUPERVISOR NAME and/or Signature:				DATE: