

CALCULATION OF TOTAL OVERPAYMENT AMOUNT

CASE NAME:	CASE NUMBER:
TYPE OF CLAIM: <input type="checkbox"/> IHE <input type="checkbox"/> AE <input type="checkbox"/> IPV	DATE OF THIS FORM:
DATE OF DISCOVERY:	CLAIM PERIOD: FROM: _____ TO: _____

A. MONTH OF ISSUANCE	B. AMOUNT ISSUED	C. ACTUAL ENTITLEMENT	D. 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: