

Texas Medicaid Refund Information Form

To refund a Texas Medicaid payment to TMHP, complete this form and attach the refund check. Make the refund check payable to TMHP, and include a copy of the corresponding Texas Medicaid Remittance and Status (R&S) report that shows the remitted payment. Mail the completed form, the refund check, and the R&S report to the TMHP-Financial Department at the following address:

Texas Medicaid & Healthcare Partnership Financial Department
12365-A Riata Trace Pkwy., Ste. 100
Austin, TX 78727

A. Provider Information

Provider Name (*please print*):

NPI:

Taxonomy:

Benefit Code:

Street Address:

City:

State:

ZIP + 4:

Contact Name (*please print*):

Telephone Number with Extension:

E-mail Address:

B. Claim Information

Apply refund to claim ICN number (from Texas Medicaid R&S report):

Patient's Name:

Patient's Medicaid Number (PCN):

Date(s) of Service (DOS):

C. Reason for the Refund (Choose One)

TMHP audit identified overpayment

Duplicate Medicaid payment

Claim paid on wrong provider's Medicaid NPI/API

Billing error

Late credit for blood or pharmacy

Patient's Medicare eligibility

Credit balance refund

Claim paid on wrong patient's Medicaid ID number

Above named person is not our patient

Service was not rendered as billed

Other refund reason (*describe in detail*):

Other Insurance paid \$ _____ on this claim.

Instructions: *If the submitted refund is because of another insurance payment, attach the other insurance Explanation of Benefits [EOB] document that shows the payment. If no EOB is available, complete the following:*

• Insurance Co. Name:

• Address:

• Telephone Number:

• Policy Number:

• Group Number:

Provider Signature (*stamped signatures not accepted*):

Date: