

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
12357-B Riata Trace Parkway Suite 100
Austin, TX 78727

A. Provider Information		
Provider Name <i>(please print)</i> :		
TPI:	NPI:	Taxonomy:
Contact Name <i>(please print)</i> :		
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)		
<input type="checkbox"/> TMHP audit identified overpayment	<input type="checkbox"/> Other Insurance paid \$ _____ on this claim. Instructions: <i>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:</i>	
<input type="checkbox"/> Duplicate Medicaid payment		
<input type="checkbox"/> Claim paid on wrong provider's Medicaid TPI/NPI/API		
<input type="checkbox"/> Billing error		
<input type="checkbox"/> Late credit for blood or pharmacy		
<input type="checkbox"/> Patient' Medicare eligibility		
<input type="checkbox"/> Credit balance refund		
<input type="checkbox"/> Claim paid on wrong patient's Medicaid ID number		
<input type="checkbox"/> Above named person is not our patient		
<input type="checkbox"/> Service was not rendered as billed		
<input type="checkbox"/> Other refund reason <i>(describe in detail)</i> :	<ul style="list-style-type: none"> • Insurance Co. Name: • Address: • Telephone Number: • Policy Number: • Group Number: 	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Provider Signature <i>(stamped signatures not accepted)</i>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date	