

# Contested refund form



If you believe that you have received an incorrect refund request, please fill out this form and send it to us with copies of the refund request and your supporting documentation. This form helps us identify why you are contesting the refund. **We must receive your contestation within 30 days of the initial refund request.**

## Patient or client information

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_  
Member ID \_\_\_\_\_ Claim # \_\_\_\_\_  
Date of service \_\_\_\_\_ Provider name \_\_\_\_\_

## Reason for review or reconsideration

**Please include supporting documentation**, such as chart notes or a letter of medical necessity, the primary carrier explanation of payment (EOP) statement, a preapproval notice, or a prior authorization notice.

**Chart notes *must* be included for a corrected:** diagnosis, date of service, patient information, procedure code, or provider information.

**Modifier changes** require chart notes and an explanation.

Example: For Modifier 59, indicate why this was a distinct and separately identifiable service.

## Reason for correction (check all that apply)

Diagnosis \_\_\_\_\_ Date of service \_\_\_\_\_ EOP \_\_\_\_\_ Patient information \_\_\_\_\_  
Procedure code (CPT or CM) \_\_\_\_\_ Provider information \_\_\_\_\_ Preapproval, precertification, or prior authorization \_\_\_\_\_  
Other \_\_\_\_\_

Clarifications or special instructions (attach additional page if needed): \_\_\_\_\_ Page attached \_\_\_\_\_

## Send us copies of the refund request letter, supporting documentation, and this form

### For Commercial (group and individual) plans: PacificSource Health Plans

Attn: Refunds  
PO Box 7068  
Springfield, OR 97475

Fax: 541-225-3634

### For Medicare plans: PacificSource Community Health Plans (Medicare)

Attn: Refunds  
PO Box 7068  
Springfield, OR 97475

Fax: 541-225-3634

### For Oregon Health Plan (Medicaid): PacificSource Community Solutions (Medicaid)

Attn: Refunds  
PO Box 7068  
Springfield, OR 97475

Fax: 541-322-6438

## Questions?

Please feel free to contact your PacificSource Provider Service Representative directly. We're happy to help. Find our online Provider Service Directory at [PacificSource.com/providers/service-representatives-directory](http://PacificSource.com/providers/service-representatives-directory). Or email [ProviderServiceRep@PacificSource.com](mailto:ProviderServiceRep@PacificSource.com).