



## CONTESTED REFUND FORM INSTRUCTIONS

Please submit the enclosed Contested Refund Form for each contested refund. The information you provide on this form will help us to more easily assess the reason for the contestation.

We strive to make the claims refund process as efficient as possible. You can help by reviewing the process tips below and returning the enclosed form as soon as possible. As per 2009 Oregon Senate Bill 508, all refund contestations must be submitted in writing within 30 days from the date of the refund request.

### **Tips for expediting the contested refund process:**

- Attach a Contested Refund Form for every contested refund.
- Include a copy of the Refund Request Letter.
- Include a detailed reason for the refund contestation.
- Include supporting documentation, such as chart notes, the primary carrier's Explanation of Benefits, or a precertification/preauthorization notice.

### **Return the Contested Refund Form to:**

PacificSource Health Plans  
Refunds  
PO Box 7068  
Eugene, OR 97401-0068  
Fax: (541) 225-3634

### **Questions?**

If you have any questions about contested refunds, please feel free to contact your PacificSource Provider Service Representative directly. You're also welcome to contact our Provider Network Department at (541) 684-5580 or toll-free at (800) 624-6052, ext 2580, or by e-mail at [ProviderServiceRep@pacificsource.com](mailto:ProviderServiceRep@pacificsource.com).

**CONTESTED  
REFUND FORM**



*A contested refund is a requested refund that you believe is invalid. We must receive your contestation request within 30 days of the initial refund request.*

***Please type or print in ink.***

<b>GENERAL INFORMATION</b>			
Patient last name	First	M.I.	Member #
Claim #	Provider name		

**REASON FOR REVIEW / RECONSIDERATION**

**Please include supporting documentation, such as chart notes, a letter of medical necessity, the primary carrier's Explanation of Benefits (EOB), or a precertification/preauthorization notice. Chart notes must be included for corrected diagnosis, corrected date of service, and corrected procedure codes.**

- Corrected diagnosis
- Primary carrier's EOB
- Precertification/preauthorization
- Corrected date of service
- Corrected procedure code (CPT or CM)

**Please note:** Modifier changes require chart notes as well as an explanation. Example: For Modifier 59, indicate why this was a distinct and separately identifiable service.

Other: \_\_\_\_\_

Please attach a copy of the refund request letter, and list any clarifications or special instructions in the space below:

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**Return the Corrected Claims Form to:**

PacificSource Health Plans  
Refunds  
PO Box 7068  
Eugene, OR 97401-0068

Fax: (541) 225-3634