



Provider Self-Audits/Overpayments Form

Instructions for Providers: Highmark Wholecare cannot accept verbal requests to retract claim(s) overpayments. Providers may complete and submit this form for any self-identified overpayments to the Highmark Wholecare Financial Investigations and Provider Review Department. *Required fields are outlined in Red*

I. Self-Audit / Overpayment Information

A. Reason for Refund:

B. Type of Refund: (please check one)

Retraction Requested

(Claims less than 2 years old)

Check Provided

(Claims more than 2 years old)

II. Provider Information

Date: _____ Practice Name: _____ Provider Number: _____
Practitioner Name: _____ Phone Number: _____
Tax Identification Number: _____ NPI Number: _____
Contact Person at Provider's Office: _____
Contact Phone Number: _____ Contact E-mail Address: _____

III. Member/Claim Information: (Please use a separate sheet for additional Member/Claim Information)

Member Name	Member ID	Date of Service	Claim Number	Refund Amount
-------------	-----------	-----------------	--------------	---------------

Other Information:
Period of Claims (based on dates of service): _____

Detailed Description of Overpayment: _____

IV. Other Required Information (as necessary for Provider Self-Audits)

Extrapolation Used?

*If a listing of claims is not provided, Highmark Wholecare cannot guarantee that the claims will not be included in separate audits, for the same reason.

Mail checks with copy of
this form to:

Highmark Wholecare
Attn: FIPR
PO Box 890135
Camp Hill, PA 17089

For Claim Retraction ONLY
mail this form to:

Delivery Code: FIPR
Attention: FWA/SIU Unit
Highmark Wholecare
120 Fifth Avenue
Pittsburgh, PA 15222

