

MEDICAID PROVIDER REFUND FORM INSTRUCTIONS

- 1) Retrieve the most updated version of the refund form on the forms section of the Medicaid website
- 2) If you want to make sure your individual claim refunds total to the amount of your check, enter the expected or actual check amount in cell L12; If you do not want to use that to check your entries, leave L12 blank and enter the calculated amount in that field to balance intended and calculated.
- 3) To help reduce questions from EDS when the check and form are received, enter the information into the form before printing it.
- 4) Enter information for each claim by detail line. As entries are made into the form, the total refund amount will be calculated.
- 5) The sum of the entries **must** equal the amount of the refund check submitted with this form.
- 6) Print copy of completed Electronic Refund Form and submit to have it approved and paid
- 7) Send form and refund check to address : HP Enterprise Services – Finance Department
PO Box 30968
Raleigh, NC 27622
- 8) We strongly recommend that you save copy as a filename you recognize (example “Check123” or “DrKildaire789”)

Field	Description
ICN (Medicaid Claim ID Number)	Claim ID number assigned by Medicaid (15 digits)
Billing Provider Name	Name of Provider who Billed the claim
Billing Provider Number	Number of Provider who billed the claim
Recipient Full Name	Name of Recipient who received service
Recipient MID	Medicaid ID number for Recipient – 9 digits, 1 letter
Dates of Service	Dates service was performed
Amount Billed	Detail billed amount
Amount Paid by Medicaid	Detail amount paid by Medicaid
Date Medicaid Paid	Date of payment by Medicaid
Amount of Refund	Amount which should be applied back to detail **Note : The total of this field column must match the amount of the refund check
Reason for Refund	Reason the refund is being applied – select appropriate drop-down value.

If you have any questions regarding this form or the refund process, please call **1-800-688-6696** if you are outside Raleigh; if you are in Raleigh, please call **851-8888**.