

# Provider Refund/Recoupment Guide



**Important note:** Information included in this document is not part of an actual remit advice or overpayment notification letter and serves as a helpful guide to better understand this process.



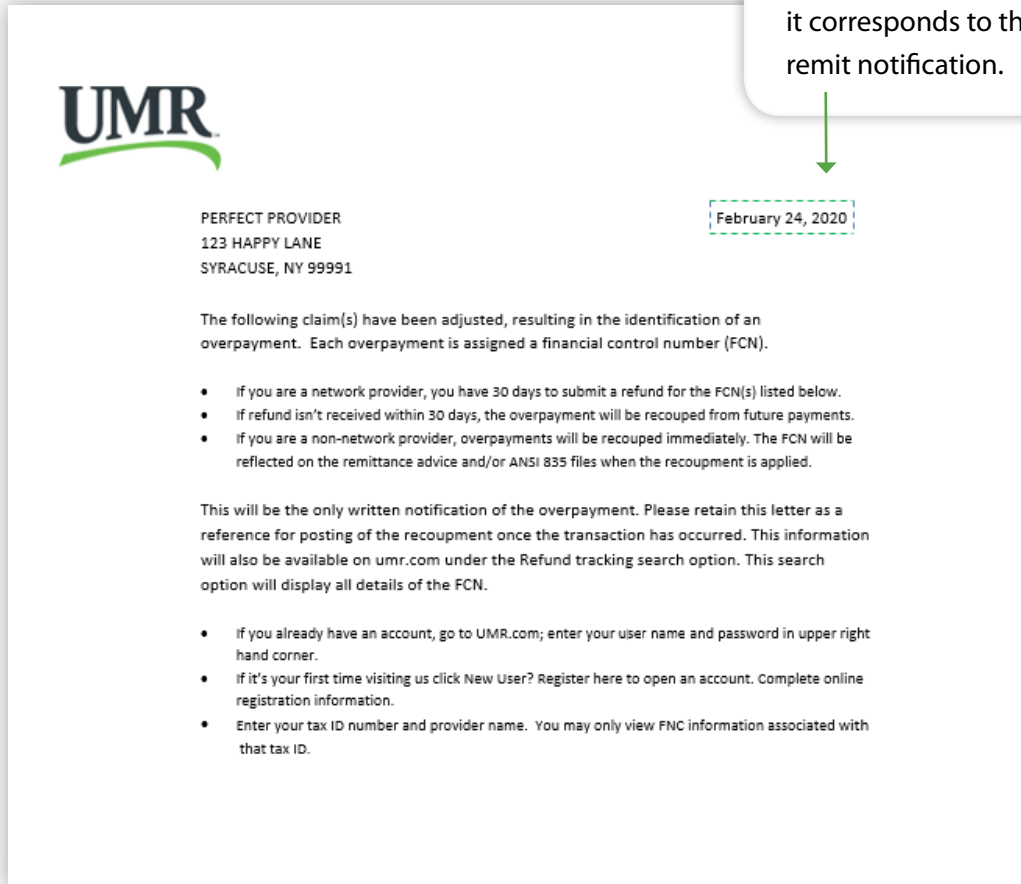
A UnitedHealthcare Company

# Overpayment Notification letter

You have access to the most common UMR forms right at your fingertips. Quickly and easily complete claims, appeal requests and referrals, all from your computer.

This letter is generated to alert a provider of an overpayment. In addition, a corresponding remittance notification is created for additional notification.

The date of this letter is important because it corresponds to the remit notification.



**1) FCN 00055522      2) Overpayment Amount \$72.11**

<b>3) Patient Acct Number</b> 644626	<b>4) Patient Name</b> Spring Sunshine	<b>7) Date of Service</b> 09/18/2019	<b>8) UMR EDI ID #</b> 1927555559
<b>5) Member ID</b> 44444444	<b>6) Member Name</b> Spring Sunshine		
<b>9) Plan Name (Employer)</b> ABC Company			

Bullets 1 – 9 are added to help correspond with the providers remits. Refer to the following examples for Remit Advice Notification and Remit Advice Recoupment.

# Remit Advice Notification

A recoupment notification can be included in a regular remit or as a standalone. The date of the remit is the same date as the letter.

**9) Plan Name** – The overpayment and recoupment will always be same plan.

CF713 2404783090 0000044444

REMITTANCE ADVICE FOR PERIOD ENDING 02-24-20  
 PERFECT PROVIDER  
 PO BOX 30541 SALT LAKE CITY UT 84130 1-800-826-9781  
 POMCO SELECT WITH UHC OPTIONS  
 ABC COMPANY SELF-INSUR  
 FEDERAL ID NO. 123456789

PERFECT PROVIDER  
 123 HAPPY LANE  
 SYRACUSE, NY 99991

DATES FROM/TO	SERVICE CODE	CHARGED AMOUNT	ALLOWED AMOUNT	DEDUCTIBLE	COPAY	CONSURANCE	Discount MANAGED CARE ADJ	INELIGIBLE	WITHHELD	OC	ANSI CODE	PAID	PATIENT RESPON
EMPLOYEE: PATIENT HAPPY		PATIENT: PATIENT HAPPY		J		ID# 22222222							
ACCOUNT NUMBER: 68685		CLAIM NUMBER: 2004888889											
020420	G0416	1600.00	573.39	.00	.00	.00	1028.61-	.00	.00	01	45	573.39	.00
TOTAL		1600.00	573.39	.00	.00	.00	1028.61-	.00	.00			573.39	.00
POMCO													
4) EMPLOYEE: SUNSHINE SPRING		4) PATIENT: SUNSHINE SPRING		J		5) ID# 44444444							
3) ACCOUNT NUMBER: 644626		8) CLAIM NUMBER: 1927555559											
091819	99213 025	180.00-	82.56-	.00	.00	.00	97.44	.00	.00	01	45	67.56-	15.00
CORRECTION													
091819	81003 QW	12.00-	4.55-	.00	.00	.00	7.45	.00	.00	01	45	4.55-	.00
CORRECTION													
091819	99213 025	180.00	82.56	.00	.00	.00	97.44-	.00	.00	01	45	.00	.00
CORRECTION													
091819	81003 QW	12.00	4.55	.00	.00	.00	7.45-	.00	.00	01	45	.00	.00
CORRECTION													
PRVD LVL BAL RSN: WD FCN 0000055522 REFEA 644626													
091819		.00	.00	.00	.00	.00	.00	.00	.00	00		72.11	.00
THE PRIMARY INSURANCE CARRIER PAID \$ 72.11 ON THE ABOVE CHARGES													
TOTAL		.00	.00	.00	15.00	.00	.00	.00	04.89-	.00		72.11	15.00-
POMCO													

In this remit example, the claim was adjusted due to COB.

**1) FCN Financial Control Number**  
 This is assigned so you can track the overpayment until it's satisfied. See website instructions.

**2) Overpayment Amount** - This is only a notification on this remit because *there is no* subtraction sign by \$72.11 and the amount is not subtracted from remit paid total.

# Remit Advice Recoupment

The actual recoupment is taken on this remit. It is almost 30 days from the date of the letter and remits notification.

**1) FCN – Financial Control Number**  
 Every overpayment is assigned one. This is assigned so you can track the overpayment until it's satisfied. See website instructions.

**2) Overpayment Amount** - This is the actual recoupment on this remit because *there is a* subtraction sign by \$72.11 and the amount is subtracted from remit paid total.

CF713 3007122253 0090000000

REMITTANCE ADVICE FOR PERIOD ENDING 01-30-20  
 PERFECT PROVIDER  
 PO BOX 30541 SALT LAKE CITY UT 84130 1-800-826-9781  
 POMCO SELECT WITH UHC OPTIONS  
 ABC COMPANY SELF-INSURED  
 FEDERAL ID NO. 123456789

PERFECT PROVIDER

ALLOWED AMOUNT	DEDUCTIBLE	COPAY	CONSURANCE	Discount MANAGED CARE ADJ	INELIGIBLE	WITHHELD	OC	ANSI CODE	PAID	PATIENT RESPON			
PATIENT: SUMMER BREEZE		J		ID# 66666666									
CLAIM NUMBER: 2007333333													
125.19	.00	25.00-	.00	139.81-	.00	.00	01	45	100.19	25.00			
DISCOUNT													
4.55	.00	.00	.00	7.45-	.00	.00	01	45	4.55	.00			
DISCOUNT													
TOTAL		277.00	129.74	.00	25.00-	.00	147.26-	.00	.00		104.74	25.00	
POMCO													
4) EMPLOYEE: SUNSHINE SPRING		4) PATIENT: SUNSHINE SPRING		J		5) ID# 44444444							
3) ACCOUNT NUMBER: 644626		8) CLAIM NUMBER: 1927555559											
091819		.00	.00	.00	.00	.00	.00	.00	.00	00		72.11-	.00
PRVD LVL BAL RSN: WD FCN 0000055522 REFEA 644626													
TOTAL		.00	.00	.00	.00	.00	.00	.00	.00	45		72.11-	.00
POMCO													

# Online Refund/ Recoupment Tracking

Go to **umr.com** and log in using your secure username and password.

If you do not have a username and password, you can register and create an account. Click on the **Register** icon and follow the steps outlined.

Click on the **Refund** tracking icon from the home page to review recoupment activity on your account.

Enter the 11-digit financial control number (FCN), including the leading zeros, in the designated field. You can locate the FCN within the Overpayment Notification Letter or Remittance Advice. Click **Go**.

The Refund activity screen will display all claims associated with the overpayment. Click on the claim number to view additional details.

This screen will display the status of the recoupment activity details.

