



**\*\*\*\*PLEASE ATTACH THIS TO YOUR PAYMENT\*\*\*\***

TO: Alliance Health  
 Finance Department  
 5200 W. Paramount Parkway, Suite 200  
 Morrisville, NC 27560

<b>ACTION:</b> <i>Check one</i>	
	Payment is attached ( <b>Effective September 19, 2016, this election is only for recoupments of \$10,000 or more.</b> ) <i>Please Note:</i> When a refund is sent via check, it's processed by accepting the refund check, recouping the claims in the Alliance Claims System (ACS) and then recording a debit memo to offset the recoupment. The claims must be recouped in ACS to ensure our records are accurate. You will see a payment of the recouped claims netted with approved claims (in one lump amount) and payment of the debit memo (DM in the invoice number). The recouped claims and debit memo will net to zero, however due to timing of receipt of funds and recoupment, and the way the system processes it may not be in the same check run.
	I request that this overpayment be withheld from my future claims payments. I understand that funds will be held in their entirety until the full amount is recouped and that funds will be withheld upon Alliance's receipt of this letter.
<b>Provider Name</b>	
<b>Amount of Overpayment</b>	
<b>Reason for Overpayment</b>	

**NOTE TO PROVIDER**

**Attach a copy of the Improper Payment Chart in order to ensure proper credit.**

Provider Signature

Date

<i>Finance Received Date:</i>		<i>Claims Received Date:</i>	
<i>Finance Staff Initials</i>		<i>Claims Staff Initials</i>	