



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

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

ACTION: <i>Check one</i>	
<input type="checkbox"/>	Payment is attached (Effective September 19, 2016, this election is only for recoupments of \$10,000 or more.) <i>Please Note:</i> When a refund is sent via check, it's processed by accepting the refund check, recouping the claims in Alpha and then recording a debit memo to offset the recoupment. The claims must be recouped in Alpha 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.
<input type="checkbox"/>	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.
Provider Name	
Amount of Overpayment	
Reason for Overpayment	

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>	