PacificSource Community Health Plans
2965 NE Conners Avenue, Bend OR 97701
541.385.5315 888.863.3637
Medicare.PacificSource.com

Contested Refund Form

If you believe that you have received an incorrect refund request, please fill out this form and return it to us. This form helps us identify the reason(s) why you are contesting the requested refund. You can find our contact information below. We must receive your contestation request within 30 days of the initial refund request.

Please type or print in ink.

Patient Last Name	First	M.I.	Member ID#
Claim #	Date of Service	Provider Name	

Reason for review / Reconsideration

Please include supporting documentation such as chart notes or a letter of medical necessity, the primary carrier's Explanation of Benefits (EOB), or a preauthorization notice. Chart notes must be included for corrected diagnosis, corrected date of service, corrected patient information, corrected procedure codes, and corrected provider information.

☐ Corrected diagnosis ☐ Primary Carrier's EOB ☐ Preauthorization
☐ Corrected date of service ☐ Corrected procedure code (CPT or CM)

Please note: Modifier changes require chart notes as well as an explanation. For example: Modifier 59—why do you feel this was a distinct and separately identifiable service?

☐ Other: ____

Please attach a copy of the refund request letter, and list any clarifications or special instructions in the space below:

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Please return this form to:
PacificSource Medicare Refunds
PO Box 7068
Springfield, OR 97475
Fax: (541) 225-3634

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract.
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