

Indian Health Service

Third Party Revenue Process on Accounts Receivable Refunds

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INTRODUCTIONS

- Who is Business Office?
- Who is Finance?
- What role do you contribute to the refund process?



REFUND TERMINOLOGY

Acronyms	Meaning
AR	Accounts Receivable
BETC	Business Event Type Code
BO	Business Office
BOC	Bill of Collections
CAN	Common Accounting Number
CIR	Collections Information Repository
DFM	Division of Financial Management
DM	Debt Management
DOS	Date of Service
EFT	Electronic Funds Transfer

REFUND TERMINOLOGY (Cont.)

Acronyms	Meaning
FBIS	Financial Business Intelligence System
IPAC	Intra-Government Payments and Collections
PSC	Program Support Center
RA	Remittance Advice
RPMS	Resource and Patient Management System
SSN	Social Security Number
TAS	Treasury Accounting Symbol
TDN	Treasury Deposit Number
UFMS	Unified Financial Management System
VA	Veterans Administration

TOPIC OUTLINE

- Refunds
- Refund Types & Procedures
- SF-1034 Refund Request
- Area Responsibilities
- Checklist
- Refund Matrix

REFUNDS

PURPOSE

To provide a clear, concise and universal procedure for Navajo Area Division of Financial Management personnel and Service Unit Business Office and Finance Departments within the Navajo Area on processing third party refund requests utilizing the Standard Form 1034 (SF-1034).

REFUNDS

SCOPE

This procedure will apply to Navajo Area Division of Financial Management, Service Unit Business Office, and Service Unit Finance.

RESPONSIBILITY

The Service Unit Business Office Managers, Service Unit Finance Officers and Navajo Area Accounting Officer are responsible for ensuring that these procedures are adhered to by their respective employees involved in this process.

REFUND TYPES

REFUND TYPES: There are generally six (6) types of refunds that may need to be processed by the Service Unit Business Office and Finance or by Navajo Area Finance

REFUND TYPE I

Type I: A Service Unit's Finance collection agent receives a check or electronic deposit (hereafter referred to as a deposit item(s)) that is not for their Service Unit.

Type I Procedure:

The Service Unit Finance collection agent will contact the NADFM accountant and inform them of the erroneous deposit. The NADFM accountant will contact PNC and request a debit voucher be initiated. Once PNC issues the debit voucher and it is processed through Treasury, the NADFM accountant will reconcile both entries.

SF-1034 is not required.

REFUND TYPE II

Type II: A Service Unit's Finance collection agent receives a deposit item(s) and includes that deposit item(s) in their collection batch. However, during the Service Unit's Business Office posting process it's determined that the deposit item(s) is not for their Service Unit. This may be for an entire deposit item(s) amount or just a portion of the deposit item(s) amount (*sometimes referred to as a batch item*).

REFUND TYPE II

Type II Procedure:

The Service Unit's Finance collection agent included this deposit item(s) in their collection batch; therefore, the Service Unit's Business Office needs to post the deposit item(s) to the un-allocated cash account in RPMS.

For amounts posted to the unallocated cash account in RPMS, the Finance Accounts Receivable (AR) Transaction/Adjustment user will create a UFMS AR invoice by fiscal year. The Finance AR Receipt Entry user will post the unallocated amount to that invoice to fully reconcile the Treasury Deposit Number (TDN).

REFUND TYPE III

Type III: A Service Unit's Finance collection agent receives the deposit item(s) and includes these deposit item(s) in their collection batch. The Service Unit's Business Office then posts those payments in RPMS against patient bill account(s). The third party then requests a refund of this payment for a variety of reasons, i.e. patient ineligible on date of service, duplicate payment, etc.

REFUND TYPE III

Type III Procedure:

The Service Unit's Finance collection agent included this deposit item(s) in their collection batch; therefore, the Service Unit's Business Office needs to post the deposit item(s) to the RPMS patient bill account(s).

REFUND TYPE IV

Type IV: Area Finance receives an Intra-Government Payment and Collection (IPAC) from Program Support Center (PSC) for a debtor's account and notices the debt has been fully satisfied and there are no additional accounts to apply the collection to, the principal, the interest, the penalty interest and the administrative fees have all been satisfied. The Area sends the IPAC collection to the Service Unit's Finance collection agent. The collection agent batches the IPAC. During the Service Unit's Business Office posting process it is determined that the Debtor's accounts have all been fully paid therefore, the Business Office will need to issue a refund to the Debtor.

REFUND TYPE IV

Type IV Procedure:

The Service Unit's Finance collection agent included this deposit item(s) in their collection batch; therefore, the Service Unit's Business Office needs to post the deposit item(s) to the RPMS patient account or to the un-allocated cash account in RPMS.

For amounts posted to the unallocated cash account in RPMS, the Finance Accounts Receivable (AR) Transaction/Adjustment user will create a UFMS AR invoice by fiscal year. The Finance AR Receipt Entry user will post the unallocated amount to that invoice to fully reconcile the Treasury Deposit Number (TDN).

REFUND TYPE V

Type V: Debt Management – the Navajo Area Division of Financial Management (NADFM) accountant receives the IPAC collection batch from the PSC and within the batch there is a recoupment of funds for a Debtor.

REFUND TYPE V

Type V Procedure:

PSC has returned a garnishment to a Debtor which was sent to the Area in a previous IPAC collection. This could be due to the debtor disputing their garnishment. The reversed collection is sent to the Service Unit to batch and apply to the Debtor's account.

Schedule/IPAC# and date of IPAC is provided to the Service Unit. Debt will continue to be collected via Treasury.

SF-1034 is not required.

REFUND TYPE VI

Type VI: Debt Management - The NADFM accountant receives an IPAC from PSC which includes a collection that belongs to another Area.

Type VI Procedure:

The Area receives the IPAC collection from the PSC and within the batch there is a Debt collection that does not belong to the receiving Area. The Area DFM informs PSC and per PSC's instructions will either request the area to create an IPAC disbursement or PSC will create the IPAC disbursement to refund the collection to PSC.

SF-1034 is not required.

SF-1034 REFUND REQUEST

Type II, III, IV

The Service Unit's Business Office will then initiate the refund request by printing the RPMS History Report (if posted to a patient account), or by printing the unallocated refund letter from RPMS and attaching the Business Office related supporting documents (see "SUPPORTING DOCUMENTS" section later in this document). The Service Unit's Business Office will then forward these documents to their Finance department.

SF-1034 REFUND REQUEST

Type II, III, IV (Cont.)

The Service Unit's Finance department will use the RPMS refund letter to retrieve the Finance related supporting documents (see "SUPPORTING DOCUMENTS" section later in this document). Once the Service Unit's Finance department verifies that all supporting documents are attached, they will prepare a SF-1034 (see Exhibit B). The Finance department will then send the refund request by interoffice mail or hand deliver to the NADFM accountant.

STANDARD FORM (SF-1034)

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 NORM 107		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			DATE VOUCHER PREPARED		SCHEDULE NO.		
DHHS, PHS, IHS, NAIHS Division of Financial Management P. O. Box 9020 Window Rock AZ 86515			CONTRACT NUMBER AND DATE		PAID BY		
			REQUISITION NUMBER AND DATE 05/22/2019				
PAYEE'S NAME AND ADDRESS		TIN# 36-2739571 SUPPLIER# 591233 SITE: REFUND SITE2				DATE INVOICE RECEIVED	
UNITED HEALTHCARE PO BOX 740804 ATLANTA, GA 30374-0804						DISCOUNT TERMS NET 30	
						PAYEE'S ACCOUNT NUMBER	
SHIPPED FROM			TO		WEIGHT		
GOVERNMENT B/L NUMBER							
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE COST	PER	AMOUNT (¹)	
		REFUND - INDICATE REFUND REASON AND NOT "OVERPAYMENT" RE: PATIENT'S NAME RPMS ACCT #: IF NONE, SPECIFY N/A DOS - FROM: 11/21/2016 TO: 11/21/2016 INVOICE # FOR TREASURY CHECK: REQUIRED/CANNOT BE THE SAME INVOICE <small>(ONLY 32 characters available)</small>				\$650.25	
(Use continuation sheets if necessary) (Payee must NOT use the space below)						TOTAL	\$650.25
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES			
<input checked="" type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		BY*	= \$	= \$1.00	Amount verified; correct for payment		
		TITLE	(Signature or initials)				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
(Date)		(Authorized Certifying Officer)		LeAnn Yazzie		Accountant	
ACCOUNTING CLASSIFICATION							
NON-RPMS 2019 J54F00Y 44003		\$650.25					
SELECT ONE 2017 CAN 44003		\$0.00		Split Total =		\$650.25	
SELECT ONE 2017 CAN 44000		\$0.00		(This must equal the TOTAL above)			
CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)			
CASH	DATE		PAYEE*	PER			
\$				TITLE			

AREA RESPONSIBILITIES

Type II, III and IV

The NADFM accountant will log in the refund request on an Excel worksheet log

Refund requests received that lack supporting document(s) will be returned to the Service Unit's Finance department by the NADFM accountant, along with a memo stating the reason(s) for the return,
OR

Refund requests received that contain all the supporting documentation will be reviewed in more detail.

AREA RESPONSIBILITIES

The NADFM accountant will perform a more intense audit of the refund request documents received to validate the issuance of a refund payment to the third party payee. At this time, the NADFM accountant will verify that the third party payee is setup as a supplier in UFMS. For unidentified suppliers in UFMS, the NADFM accountant will request from the Service Unit's Finance department a copy of the IRS Form W-9 (Exhibit A) completed by the third party payee to have the payee added to UFMS by the opDiv Supplier Maintenance Team. If for any reason the NADFM accountant needs to return a refund request to the Service Unit's Finance department, a memo stating the reason for the return will be attached to the refund request.

FORM W-9

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> - <input type="checkbox"/> Other (see instructions) ▶ <input type="checkbox"/>	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

FORM W-9 (Continued)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ►

Date ►

AREA RESPONSIBILITIES

Otherwise, the NADFM accountant will provide signature approval and assign a SF-1034 requisition number in the following format “XXXX-1034-###” (where XXXX = the fiscal year, and ### = sequential number). This number is for tracking purposes.

Once completed, the SF-1034 and supporting documentation will be forward to the NADFM accounting officer (or delegated personnel) for review and signature approval. The NADFM accounting officer will have final approval on all refund requests, prior to payment entry into UFMS by the NADFM accountant.

AREA RESPONSIBILITIES

The signed SF-1034 form will be returned to the NADFM accountant by the NADFM accounting officer, the refund request will be entered into UFMS for payment with a due date of 1-2 days from the present date. All refund requests are paid by check, with the exception of current employees who have the option of receiving payment electronically.

AREA RESPONSIBILITIES

When the refund payment is entered into UFMS a voucher number (unique payment identifier number generated by UFMS) will be given. This voucher number, the payment batch, and the payment check number will then be sent through secure email to the Service Unit's Business Office Manager, Finance Officer and members under the distribution groups NAVBUSSINESSOFFICEMANAGERS@ihs.gov and NAVFinanceOfficers@ihs.gov.

AREA RESPONSIBILITIES

The Service Unit's Business Office and/or Finance department can use this voucher number to check the status of the refund payment. This can be done by logging into UFMS → clicking on the "IHS Payables Inquiry" responsibility → Click on "Invoices" → Click on "Inquiry" → Click on Invoices" → then enter the voucher number in the voucher field on the "Find Invoices" screen → click "Find". The invoice screen will appear.

AREA RESPONSIBILITIES

You can print out the attachments for the refund payment, which will contain the signed SF-1034 form. Also on the menu bar under Tools → View Invoice Overview, the Invoice Overview screen will appear. Toward the bottom of the screen (see screen shot below), you will find important information pertaining to that specific refund payment, including the Paid By and Paid On fields.

AREA RESPONSIBILITIES

The “Actual Payments” Paid By and Paid On fields are filled. The Service Unit’s Business Office should post the refund against the un-allocated cash account in RPMS. For refunds that were posted to a RPMS Account, the Service Unit’s Business Office should post the refund utilizing the RPMS menu option, AR → PST → REF, and adjust the account accordingly. This would bring to a close the refund request process.

Scheduled Payments					Actual Payments	
Curr	Amount	Remaining	Due Date	Held	Paid By	Paid On
USD	76.29	0.00	29-APR-2019	<input type="checkbox"/>	694 - Check	23-APR-2019

NOTE: Duplicate payments will have two (2) sets of documents.

CHECKLIST

Document/Information Required	Service Unit Business Office	Service Unit Finance	Type II IV
1. SF 1034		X	
2. Letter from third party payee requesting the refund OR Letter from BOM requesting the refund	X		X
3. Collections Information Repository (CIR) Report related to the Treasury Deposit Number		X	X
4. RPMS Collection Batch report(s) related to deposit item(s)	X		X
5. Deposit item(s) (check) received by Service Unit	X		X
6. EOB(s) received by Service Unit related to deposit item(s)	X		X
7. RPMS History Report and/or RPMS unallocated refund letter showing where the payment was posted	X		X
8. TDN Reconciliation worksheet (CIR AR Receipts Register) showing the TDN was fully accounted for in UFMS		X	X

REFUND MATRIX

Refund Type	Refund Type Description	Refund Type Procedure	SF-1034	Third Party Refund Letter	Collections Information Repository (CIR)	RPMS Collection Batch	Deposit Item	Explanation of Benefits (EOB)	RPMS History Report	TDN Reconciliation
			Finance	BO	Finance	BO	BO	BO	BO	Finance
I	A Service Unit's Finance collection agent receives a check or electronic deposit (hereafter referred to as a deposit item(s)) that is not for their Service Unit.	The Service Unit Finance collection agent will contact the NADFM accountant and inform them of the erroneous deposit. The NADFM accountant will contact PNC and request a debit voucher be initiated. Once PNC issues the debit voucher and it is processed through Treasury, the NADFM accountant will								
II	A Service Unit's Finance collection agent receives a deposit item(s) and includes that deposit item(s) in their collection batch. However, during the Service Unit's Business Office posting process it's determined that the deposit item(s) is not for their Service Unit. This may be for an entire deposit item(s) amount or just a portion of the deposit item(s) amount (sometimes referred to as a batch item).	The Service Unit's Finance collection agent included this deposit item(s) in their collection batch; therefore, the Service Unit's Business Office needs to post the deposit item(s) to the un-allocated cash account in RPMS. For amounts posted to the unallocated cash account in RPMS, the Finance Accounts Receivable (AR) Transaction/Adjustment user will create a UFMS AR invoice by fiscal year. The Finance AR Receipt Entry user will post the unallocated amount to that invoice to fully reconcile the Treasury Deposit Number (TDN).	X	X	X	X	X	X	X	X
III	A Service Unit's Finance collection agent receives the deposit item(s) and includes these deposit item(s) in their collection batch. The Service Unit's Business Office then posts those payments in RPMS against patient bill account(s). The third party then requests a refund of this payment for a variety of reasons, i.e. patient ineligible on date of service, duplicate	The Service Unit's Finance collection agent included this deposit item(s) in their collection batch; therefore, the Service Unit's Business Office needs to post the deposit item(s) to the RPMS patient bill account(s).	X	X	X	X	X	X	X	X
IV	Area Finance receives an Intra-Government Payment and Collection (IPAC) from Program Support Center (PSC) for a debtor's account and notices the debt has been fully satisfied and there are no additional accounts to apply the collection to, the principal, the interest, the penalty interest and the administrative fees have all been satisfied. The Area sends the IPAC collection to the Service Unit's Finance collection agent. The collection agent batches the IPAC. During the Service Unit's Business Office posting process it is determined that the Debtor's accounts have all been fully paid therefore,	The Service Unit's Finance collection agent included this deposit item(s) in their collection batch; therefore, the Service Unit's Business Office needs to post the deposit item(s) to the RPMS patient account or to the un-allocated cash account in RPMS. For amounts posted to the unallocated cash account in RPMS, the Finance Accounts Receivable (AR) Transaction/Adjustment user will create a UFMS AR invoice by fiscal year. The Finance AR Receipt Entry user will post the unallocated amount to that invoice to fully reconcile the Treasury Deposit Number (TDN).	X	X	X	X	X	X	X	X
V	Debt Management – the Navajo Area Division of Financial Management (NADFM) accountant receives the IPAC collection batch from the PSC and within the batch there is a recoupment of funds for a Debtor.	PSC has returned a garnishment to a Debtor which was sent to the Area in a previous IPAC collection. This could be due to the debtor disputing their garnishment. The reversed collection is sent to the Service Unit to batch and apply to the Debtor's account. Schedule/IPAC# and date of IPAC is provided to the Service Unit. Debt will continue to be collected via								
VI	Debt Management - The NADFM accountant receives an IPAC from PSC which includes a collection that belongs to another Area.	The Area receives the IPAC collection from the PSC and within the batch there is a Debt collection that does not belong to the receiving Area. The Area DFM informs PSC and per PSC's instructions will either request the area to create an IPAC disbursement or PSC will create the IPAC disbursement to								

VETERANS ADMINISTRATION REFUND GUIDANCE

- Single Refund
- Mass Refund
- Required Documentation
 - Business Office and Finance



VA SINGLE REFUND

Business Office (BO) discovers an overpayment and begins the refund process by providing the following information:

1. VA Bill of Collections
2. Claim Form (Form-1500 or UB-04)
3. VA Remittance Advice
4. TDN Reconciliation – Provided by Finance

VA SINGLE REFUND (VA BOC)

Bill of Collections

Requestor's name _____

Date of Request _____ Station _____

Vendor: _____ Service Unit _____

Vendor ID: _____ Tax ID _____

Vendors Address: PO Box _____
City, State, Zip Code _____

Phone: _____ (XXX) XXX-XXXX

Patient: _____ Patient Name _____

SSN: _____ 123-45-6789

Dates of Service: _____ 06/27/13

Total Amount Paid: _____ \$300.00

BOC Amount _____ \$300.00

Check/EFT#/Date _____ EFT# 1234567/May 23, 2019

Fee Batch: _____

UB/HCF# _____

Obligation Number: _____

FCP: _____

Cost Center: (budget tech) _____

Budget Object Code: (budget tech) _____

Reason for Overpayment: Duplicate Payment

Note in Clinical Tracking of BOC _____

1. Please fill out all of form with **exception of Cost Center and Budget Object Code.**
2. Attach backup paperwork, copy of claim, payment screen printout, check printout, etc.
3. Document Bill of Collection submitted in Clinical Tracking and/or VISTA Report of Contact.

From FBCS:

VA SINGLE REFUND (CLAIM FORM)

HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA (SECLUNG) OTHER (ID#) (ID#) (ID#) (ID#) (ID#) (ID#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial) 5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. RESERVED FOR NUCC USE 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES NO b. AUTO ACCIDENT? YES NO PLACE (State) c. OTHER ACCIDENT? YES NO 11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M F b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9c.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of my medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED: _____ DATE: MM DD YY 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED: _____ DATE: MM DD YY

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. 15. OTHER DATE MM DD YY QUAL. 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. NPI _____ 17c. _____ 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? YES NO \$ CHARGES _____

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Refer A-L to service line below (24E) ICD-9cm. A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____

22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. PROCEDURE, SERVICE, OR SUPPLY	E. DIAGNOSIS	F. \$ CHARGES	G. DRUG OR LABS	H. \$ CHARGES	I. \$ CHARGES	J. RENDERING PROVIDER ID #
From MM DD YY	To MM DD YY	EMG	ICD-9cm					
1								NPI
2								NPI
3								NPI
4								NPI
5								NPI
6								NPI

25. FEDERAL TAX ID NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? YES NO 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Revs for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the signatures on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # ()

SIGNED: _____ DATE: MM DD YY NPI: _____ NPI: _____

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

VA SINGLE REFUND (CLAIM FORM)

The image shows a VA Single Refund (Claim Form) with the following sections and fields:

- Header:** Includes fields for patient name, address, and statement cover period.
- Demographic Information:** Fields for sex, date of birth, and address.
- Occurrence Dates:** Multiple rows for recording occurrence dates and codes.
- Charges:** A table with columns for description, rate, units, and charges.
- Summary:** Fields for page number, creation date, and totals.
- Provider Information:** Fields for provider name, health plan ID, and group name.
- Employer Information:** Fields for employer name and control number.
- Remarks:** A section for additional notes and remarks.

VA SINGLE REFUND (TDN RECONCILIATION)

AP	Customer Name	Customer #	GL Date	Receipt #	Receipt Date	Apply Date	Fund	Fiscal Yr	BAP	Organization	Location	Location Description	Status	Schedule Number	Payment Method	Invoice #	Amount
54	NAV-REIMBURSEMENTS	182227	07-Mar-2019	330553	07-Mar-2019	07-Mar-19	0J227020191RAO	2019	7100540108	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	NAV RECEIPTS - 2019	10000000064014	84.17
54	NAVZIMEDICAID	69754	28-Jan-2019	1300021	24-Jan-2019	28-Jan-19	0J070020190RAO	2019	7122540222	HGFJ0000000	54206NMC044000	NAVAJO-DZILTH-NA-O-DITH-HLE CLINIC	Applied	330553	RPMS NAV RECEIPTS - 2019	23382	56.86
54	NAVZIMEDICARE	69753	28-Jan-2019	1299642	24-Jan-2019	28-Jan-19	0J070020190RAO	2019	7120540121	HGFJ0000000	54206NMC044000	NAVAJO-DZILTH-NA-O-DITH-HLE CLINIC	Applied	330553	RPMS NAV RECEIPTS - 2019	23649	4,027.93
54	NAVFCOMEDICAID	69758	28-Jan-2019	1299742	24-Jan-2019	28-Jan-19	0J070020190RAO	2019	7122540222	HGFJ0000000	54206NMC053000	NAVAJO-RED MESA CLINIC	Applied	330553	RPMS NAV RECEIPTS - 2019	23386	219.00
54	NAVFCOMEDICAID	69758	28-Jan-2019	1299743	24-Jan-2019	28-Jan-19	0J070020190RAO	2019	7122540222	HGFJ0000000	54206NMC053000	NAVAJO-RED MESA CLINIC	Applied	330553	RPMS NAV RECEIPTS - 2019	23640	76.60
54	NAVFCOMEDICARE	69757	28-Jan-2019	1299809	24-Jan-2019	28-Jan-19	0J070020190RAO	2019	7120540121	HGFJ0000000	54206NMC053000	NAVAJO-RED MESA CLINIC	Applied	330553	RPMS NAV RECEIPTS - 2019	23396	919.87
54	NAVFCOMEDICARE	69757	28-Jan-2019	1299970	24-Jan-2019	28-Jan-19	0J070020190RAO	2019	7120540121	HGFJ0000000	54206NMC053000	NAVAJO-RED MESA CLINIC	Applied	330553	RPMS NAV RECEIPTS - 2019	23619	6,996.90
54	NAVFCOVA	182997	04-Feb-2019	1303481	31-Jan-2019	04-Feb-19	0J070020190RAO	2019	7170540000	HGFJ0000000	54206NMC053000	NAVAJO-RED MESA CLINIC	Applied	330553	RPMS NAV RECEIPTS - 2019	23007	91.73
54	NAVNNMMEDICAID	69746	28-Jan-2019	1299735	23-Jan-2019	28-Jan-19	0J070020180RAO	2018	7122540222	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2018	21376	51.95
54	NAVNNMMEDICAID	69746	28-Jan-2019	1299741	24-Jan-2019	28-Jan-19	0J070020180RAO	2018	7122540222	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2018	21735	69.36
54	NAVNNMMEDICAID	69746	28-Jan-2019	1299796	23-Jan-2019	28-Jan-19	0J070020190RAO	2019	7122540222	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2019	23618	11,474.87
54	NAVNNMMEDICAID	69746	28-Jan-2019	1299797	23-Jan-2019	28-Jan-19	0J070020180RAO	2018	7122540222	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2018	20865	79.05
54	NAVNNMMEDICAID	69746	28-Jan-2019	1300012	24-Jan-2019	28-Jan-19	0J070020190RAO	2019	7122540222	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2019	22916	919.20
54	NAVNNMMEDICAID	69746	28-Jan-2019	1300013	24-Jan-2019	28-Jan-19	0J070020190RAO	2019	7122540222	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2019	22398	76.60
54	NAVNNMMEDICAID	69746	28-Jan-2019	1300014	24-Jan-2019	28-Jan-19	0J070020190RAO	2019	7122540222	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2019	23204	6,987.13
54	NAVNNMMEDICAID	69746	25-Feb-2019	1310361	19-Feb-2019	25-Feb-19	0J070020190RAO	2019	7122540222	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2019	23618	229.80
54	NAVNNMMEDICARE	69745	28-Jan-2019	1299703	24-Jan-2019	28-Jan-19	0J070020180RAO	2018	7120540121	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2018	20877	98.35
54	NAVNNMMEDICARE	69745	28-Jan-2019	1299740	24-Jan-2019	28-Jan-19	0J070020180RAO	2018	7120540121	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2018	21734	15.02
54	NAVNNMMEDICARE	69745	28-Jan-2019	1299878	23-Jan-2019	28-Jan-19	0J070020190RAO	2019	7120540121	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2019	23629	70,342.64
54	NAVNNMMEDICARE	69745	28-Jan-2019	1299932	24-Jan-2019	28-Jan-19	0J070020190RAO	2019	7120540121	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2019	22917	229.00
54	NAVNNMMEDICARE	69745	28-Jan-2019	1300007	23-Jan-2019	28-Jan-19	0J070020190RAO	2019	7120540121	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2019	23208	21,652.89
54	NAVNNMPRIVINS	69747	28-Jan-2019	1299879	23-Jan-2019	28-Jan-19	0J070020190RAO	2019	7132540515	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2019	23636	6,126.19
54	NAVNNMPRIVINS	69747	28-Jan-2019	1300008	23-Jan-2019	28-Jan-19	0J070020190RAO	2019	7132540515	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2019	23215	3,213.19
54	NAVNNMPRIVINS	69747	31-Jan-2019	1302223	30-Jan-2019	31-Jan-19	0J070020190RAO	2019	7132540515	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2019	23636	427.00
54	NAVNNMPRIVINS	69747	04-Feb-2019	1303475	31-Jan-2019	04-Feb-19	0J070020190RAO	2019	7132540515	HGFJ0000000	54206NMH000000	NAVAJO-SHIPROCK	Applied	330553	RPMS NAV RECEIPTS - 2019	23215	47.43
															Total - AR Receipts Register		134,512.73
															Total - Treasury		134,512.73
															Variance		-

VA MASS REFUND SPREADSHEET

Vendor		Service Unit				Navajo Area Indian Health Service - Dept. of Financial Management Contact						
Vendor ID		SU Tax ID				Name		Marion Kelley-Jim				
Vender Address		PO Box/Street				Email		Marion.Kelley-Jim@ihs.gov				
		City, State, Zip Code				Phone		(928) 871-1316				
Phone		XXX-XXX-XXXX										
Item	Patient Name	RPMS Account # (Internal Use Only)	SSN	DOS	Total Amount Paid	BOC Amount (Overpaid Amt)	Check/EFT#	Check/EFT Date	TDN (Internal Use Only)	Reason for Overpayment	FY	CAN
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
Attachments: Claim Form and Remittance Advice						\$	-					

VA REFUND (AREA FINANCE)

Area Finance will

1. Audit the refund request documentation
2. Fill-out an IPAC Request Form and submit it to the IPAC Accountant using the following TAS/BETC:

AID	BPOA	EPOA	A	MAIN	SUB	Admin Bureau	GWA TAS	Agency Name	BETC
036			F	3885	000	00	36F3885	Department of Veterans Affairs	COLLBCA

VA REFUND (IPAC SAMPLE)

Navajo Area Indian Health Service
Division of Financial Management
**ON-LINE PAYMENT AND COLLECTION SYSTEM
(IPAC)**



Collect Disburse

Customer Agency ALC: 36-00-1200

Amount: \$91.73

Customer Agency Name: Department of the VA V20NPC-IHS

Customer Agency
Address: 1601 E 4th Plain Blvd.

Vancouver, WA 98661

EIN/DUNS

TAS: 036-F-3885-000-00

BETC: COLLBCA

Description: Overpayment for Northern Navajo Medical Center (Shiprock Service Unit)

Station number 648, Supplier# 1439038, Refunds Site 1

Patient Detail will be sent through secure email to Ms. Kerry Paperman, (360) 696-4061 Ext.31673

NAIHS ALC: 75-03-0654

VA REFUND (IPAC SAMPLE)

		APPROPRIATION	CAN	OCC	AMOUNT
Prepared by:	<input type="text"/>	<u>75X0390</u>	<u>J543VA</u>	<u>44003</u>	<u>\$91.73</u>
Requested by:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Section:	<u>NAO Finance</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date:	<u>5/23/2019</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		TAS <u>75X0390</u>	BETC: <u>DISB</u>	TOTAL	<u>\$91.73</u>

OPAC NO.	<input type="text"/>	OPAC DATE:	<input type="text"/>
Accounting Month:	<input type="text"/>	Transmitted by:	<input type="text"/>
Batch Date:	<input type="text"/>	Date Encoded:	<input type="text"/>
Letter:	<input type="text"/>	Encoded by:	<input type="text"/>
Accounting Month:	<input type="text"/>		

VA REFUND (AREA FINANCE)

3. Contact the VA Point-of-Contact and ensure all required documentation is supplied to the appropriate department for processing and refund details emailed through secure data transfer

Department of the VA V20NPC-IHS

1601 E 4th Plain Blvd.

Vancouver, WA 98661

4. Email the Service Unit BO and Finance staff the IPAC Details for reference

QUESTIONS?



Marion Kelley-Jim, Accountant

(928) 871-1316 Marion.Kelley-Jim@ihs.gov

Indian Health Service, Navajo Area, Division of Financial
Management



Angie Clark, Lead Accounts Receivable

(505) 368-6045 Angie.Clark@ihs.gov

Indian Health Service, Northern Navajo Medical Center