

**Instructions for Providers:** Highmark Health Options (HHO) cannot accept verbal requests to retract claim(s) overpayments. Providers may complete and submit this form for any self-identified overpayments to the HHO Financial Investigations and Provider Review (FIPR) Department.

\*Required fields are outlined in **Red**\*

**I. Self-Audit / Overpayment Information**

**A. Reason for Refund:**

**If your reason is not listed in the dropdown OR relates to a Credit Balance OR if you are unable to identify the Member, do NOT use this form.**

**II. Type of Refund:** (please check one)

**Retraction Requested**

(Claims less than 2 years old)

**Check Provided**

(Claims more than 2 years old)

**III. Provider Information**

Date: \_\_\_\_\_ Practice Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_  
Practitioner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Tax Identification Number: \_\_\_\_\_ NPI Number: \_\_\_\_\_  
Contact Person at Provider's Office: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_ Contact E-mail Address: \_\_\_\_\_

**III. Member/Claim Information: (Please use a separate sheet for additional Member/Claim Information)**

Member Name	Member ID	Date of Service	Claim Number	Refund Amount
-------------	-----------	-----------------	--------------	---------------

Other Information:

Period of Claims (based on dates of service): \_\_\_\_\_

Detailed Description of Overpayment:

**IV. Other Required Information** (as necessary for Provider Self-Audits)

Extrapolation Used?

**\*If a listing of claims is not provided, Highmark Health Options cannot guarantee that the claims will not be included in separate audits, for the same reason.**

Email this form to: [ProviderSelfAudits@highmark.com](mailto:ProviderSelfAudits@highmark.com)

**Mail checks and copy of this form to:**

Highmark Health Options  
HHOFRAUD  
120 Fifth Avenue  
Pittsburgh, PA 15222

**Note: It is the responsibility of the Provider to ensure the Member's Protected Health Information (PHI) is sent to Highmark Health Options in a secure manner. If secure email or fax is not an option, mail the completed form to the address provided. Highmark Health Options is not responsible for any compromised PHI that is sent in an unsecure manner.**

If you have problems completing this form, call the Fraud, Waste, and Abuse department at 1-844-325-6256.