

Participation Reimbursement

Note: This form must only be used when a client has overpaid participation.

| | | | | |
|--|---------------------------------------|---|---|--|
| CLIENT NAME | | ACES ID NUMBER | ADSA ID NUMBER | DATE |
| SERVICE WORKER INFORMATION | | | | |
| AUTHORIZING SERVICE WORKER | | | TELEPHONE NUMBER | |
| AUTHORIZING SERVICE WORKER'S SIGNATURE | | | REPORTING UNIT | |
| REIMBURSEMENT COMPUTATION FORMAT | | | | |
| COLUMN A | | COLUMN B | COLUMN C | COLUMN D |
| Proc / Srvc Code | Month / Year Services Were Authorized | Wrongfully Paid Participation Amount (Actual Payment has been Verified) | Financial Services Retroactively Corrected Participation Amount | Subtract Column C from Column B. Enter Remainder Below |
| 1 | | | | 0.00 |
| 2 | | | | 0.00 |
| 3 | | | | 0.00 |
| 4 | | | | 0.00 |
| 5 | | | | 0.00 |
| 6 | | | | 0.00 |
| 7 | | | | 0.00 |
| 8 | | | | 0.00 |
| 9 | | | | 0.00 |
| 10 | | | | 0.00 |
| 11 | | | | 0.00 |
| 12 | | | | 0.00 |
| COLUMN TOTALS | | 0.00 | 0.00 | 0.00 |
| Column B Minus Column C = Total Reimbursement Amount | | | | |
| Reimbursement Method (select one): | | | | |
| <input type="checkbox"/> Participation adjustment / suspension for _____ and _____ <small>MONTH / YEAR (MONTH / YEAR)</small> | | | | |
| <input type="checkbox"/> Forwarded to supervisor for review and approval to reimburse the client through ProviderOne on _____ <small>(MONTH / YEAR)</small> | | | | |
| (Attach verification that payment was made by the client and received by the provider.) | | | | |
| Supervision Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | |
| ADDITIONAL COMMENTS | | | | |
| SUPERVISOR'S REVIEW AND APPROVAL (SIGNATURE) | | | | DATE |

