

# West Virginia Medicaid Standard Repayment Provision for All Overpayment Notifications

**Provider Name:**

**Provider Number:**

**Case Number:**

**Principal Amount of Repayment: \$**

Please select which of the following options you wish to use to repay the above overpayment. Sign, date and return this form.

- Payment within sixty (60) days after notification of the overpayment.
- Placement of a lien by BMS against further payments for Medicaid reimbursements so that recovery is effectuated within 60 days after notification of the overpayment.
- A recovery schedule over \_\_\_\_\_ months (not to exceed (12) months), through (select one method below):
  - Monthly reductions in payments by West Virginia Medicaid against future claims or;
  - Monthly check remittance.(Interest will be added to amounts recovered more than sixty (60) days after the original notification)

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as an image transaction.

When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

This form must be returned to Bureau for Medical Services, Office of Program Integrity, 350 Capitol Street, Room 251, Charleston, West Virginia 25301-3710 no later than thirty (30) days after the date of this notification. If it is not returned, the Bureau for Medical Services will establish a lien against all future Medicaid payments until the overpayment is recovered, with interest accruing sixty (60) days after the original notification, and take any other necessary actions to assure recovery. Checks should be made payable to the Department of Health and Human Resources.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date