



Oregon Department of Human Services  
Seniors and People with Disabilities

### CBC Adjustment Request Overpayment Form

Branch #	1234
Date completed (MM/DD/YY)	01/01/1111
Submitted by	Case manager's Name
Phone #	123-456-7891
Worker e-mail address	emailmehere@state.or.us
Client name	Ima Client
Client prime #	AAA100A2A
Provider name	Yura Provider
Provider #	123456

Total service amount for the month. Found in 512 on DISB screen across from SVC AMT

#### USE PESM & SMRQ SCREENS TO COMPLETE

Initial month	Overpayment begin date (MM/DD/YY)	Overpayment end date (MM/DD/YY)	Client Service contribution amount	Service amount	Incorrect payment	Correct payment
06/03/10	05/15/10	05/15/10	200.00	1733.00	1533.00	973.97

Amount that SHOULD HAVE been paid (math required...)

Date client left facility (MM/DD/YY)	05/05/10
Date client returned to facility (MM/DD/YY)	05/15/10

Fraud

(Mark only if fraud was determined by SPD/AAA office or Medicaid Fraud Unit)

Reason for adjustment: Client was in the hospital for 10 days.

Incorrect amount paid. SCLM, R, Prime Number.

Be sure to fill in ALL contact info, client info, and provider info!!!

Dates overpayment began and ended

Portion of the service amount the client is responsible to pay. Found in 512 on DISB screen across from SVC CNTB. This amount DOES NOT include room and board.

Brief description of why the adjustment is being made

Click here for submitting instructions



Oregon Department of Human Services  
Seniors and People with Disabilities

### CBC Late Payment Request

Branch #	1234
Date completed (MM/DD/YY)	01/01/11
Submitted by	Case manager's name
Phone #	123-456-7891
Worker e-mail address	emailmehere@state.or.us
Client name	Ima Client
Client prime #	AAA100A2A
Provider name	Yura Provider
Provider #	123456

Portion of the service amount the client is responsible to pay. Found in 512 on DISB screen across from SVC CNTB. This amount DOES NOT include room and board.

Be sure to fill in ALL contact info, client info, and provider info!!!

### USE PESM & SMRQ SCREENS TO COMPLETE

Late payment begin date (MM/DD/YY)	Late payment end date (MM/DD/YY)	Client Service contribution amount	Service amount
05/01/10	05/31/10	200.00	1733.00
/ /	/ /		

Total service amount for the month. Found in 512 on DISB screen across from SVC AMT

Begin and end dates of payment that should have been made

Reason for late payment: Late assessment

Brief description of why the adjustment is being made

Click here for submitting instruction.