Washington State Department of Social & Health Services
ESA Economic Services Administration

ໃບແຈ້ງການຈ່າຍເງິນເກີນຂອງຜູ້ແທນຈຳໜ່າຍ
Vendor Overpayment Notice

1. ຊື່ ແລະ ທີ່ຢູ່ຂອງບໍລິສັດ/ຜູ້ບໍລິການ	2. ວັນທີ
	3. ຫນ່ວຍລາຍງານ ຫລື ເຄື່ອງຫມາຍອົງການ
	4. ເລກຂອງຜູ້ແທນຈຳໜ່າຍ/ຜູ້ບໍລິການ **VR**
	5. ເຄື່ອງຫມາຍຂອງການບໍລິການ SSPS/ບ່ອນມາ/ ເຫດຜົນ/ເຄື່ອງຫມາຍຂອງເຫດຜົນ
	6. ເລກຂອງການອະນຸຍາດ SSPS
	7. ການໃສ່ເຄື່ອງຫມາຍບັນຊີ (ການຈ່າຍເກີນບໍ່ແມ່ນ SSPS)
	8. ຊື່ຂອງຜູ້ຮັບການຊ່ວຍເຫລືອ

9. ພວກເຮົາໄດ້ຄົ້ນພົບວ່າທ່ານໄດ້ຮັບການຈ່າຍເງິນເກີນສຳລັບສິນຄ້າ ຫລື ການບໍລິການຕັ້ງແຕ່ _____ ໄປເຖິງ _____ ເປັນຈຳນວນເງິນ $_____.

10. ການອະທິບາຍຂອງການຈ່າຍເງິນເກີນ:

ພວກເຮົາຕ້ອງໄດ້ຮັບການຈ່າຍເງິນພາຍໃນຊາວ (20) ວັນຂອງວັນທີໄດ້ຮັບໃບແຈ້ງການໃບນີ້. ໃຫ້ສົ່ງເຊັກເງິນ ຫລື ມັນນີອໍເດີ (ລວມທັງເລກຂອງຜູ້ແທນຈຳໜ່າຍ/ຜູ້ບໍລິການ ໃສ່ໃນໃບຈ່າຍເງິນ ທຸກໆໃບ, ຫນັງສືຕອບມາ, ແລະ ການໂທມາຫາ) ຂຽນຈ່າຍເງິນໃຫຍ່ "DSHS / OFR", ໄປທີ່:

DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
ECONOMIC SERVICES ADMINISTRATION (ESA)
OFFICE OF FINANCIAL RECOVERY (OFR)
PO BOX 9501 MS 45862
OLYMPIA WA 98507-9501

ຖ້າຫາກວ່າທ່ານຢາກຈະຈັດແຈງການຈ່າຍເງິນຄືນ, ໃຫ້ໂທຫາຫ້ອງການກອບກູ້ເອົາເງິນຄືນ/ຫນ່ວຍກອບກູ້ເອົາເງິນຄືນ/ການກູ້ເງິນຄືນຈາກຜູ້ແທນຈຳໜ່າຍ:

(360) 664-5700
1-800-562-6114 (ເລກໂທຟຣີ)
1-800-833-6388 (TTY-WA ຜະແນກຕໍ່ສາຍຂອງຣັດ)

ທ່ານຈະຮ້ອງຂໍເອົາການຟັງເຣື່ອງຈາກອຳນາດການປົກຄອງໄດ້ຖ້າຫາກວ່າທ່ານບໍ່ເຫັນພ້ອມນຳໃບແຈ້ງການໃບນີ້. ຄຳຮ້ອງຂໍຂອງທ່ານຕ້ອງ ເປັນລາຍລັກອັກສອນ ແລະ ລວມເອົາສິ່ງຕໍ່ລົງໄປນີ້:

- ຊື່ຂອງທ່ານ, ທີ່ຢູ່, ເລກໂທຣະສັບ, ແລະ ເລກຂອງຜູ້ແທນຈຳໜ່າຍ/ຜູ້ບໍລິການ (ຂຽນໃສ່ໃນ ແຕ່ລະ ແລະ ທຸກໆຫນ້າເຈ້ຍ).
- ກ່າວເຖິງເຫດຜົນທີ່ທ່ານຄິດວ່າໃບແຈ້ງການໃບນີ້ແມ່ນບໍ່ຖືກຕ້ອງ ແລະ ລວມເອົາເອກສານອູ້ມອູ່ຕ່າງໆມານຳ.
- ໃບຄຳຮ້ອງຂໍຕ້ອງໄດ້ຮັບເອົາໂດຍຫ້ອງການກອບກູ້ເອົາເງິນຄືນ (ຕາມທີ່ຢູ່ຂ້າງເທິງນີ້) ພາຍໃນຊາວແປດ (28) ວັນຂອງການໄດ້ຮັບໃບແຈ້ງການໃບນີ້.
- ຖືກສົ່ງມາໂດຍທາງໄປສະນີຢັ້ງຢືນຂໍເອົາໃບຮັບຕົກັບຄືນ (CMRRR) ຫລື ໂດຍການບໍລິການສົ່ງໃຫ້ທີ່ຕິດຕາມນຳໄດ້ແນວອື່ນ.

ພວກເຮົາສາມາດເກັບເອົາເງິນຈ່າຍເກີນໂດຍຜ່ານການຜູກມັດໃສ່, ການບັງຄັບໃຫ້ຂາຍ, ການຍຶດເອົາ, ແລະ ການຂາຍໃສ່ຊັບສິນທີ່ດິນເຮືອນຊານ ຫລື ຊັບສິນສ່ວນຕົວຂອງທ່ານ, ຄຳສັ່ງໃຫ້ກັກເອົາໄວ້ (ການສົ່ງຫມາຍຍຶດຊັບ), ຫລື ການກະທຳເກັບເອົາອື່ນໆແນວໃດແນວນຶ່ງທີ່ມີໄວ້ໃຫ້ແກ່ພວກເຮົາ ເພື່ອຈະຊຳຣະຫນີ້ເງິນຈ່າຍເກີນຫມົດເປັນທີ່ພໍໃຈ (RCW 43.20B.675).

ພວກເຮົາສາມາດເກັບເອົາເງິນນຳທ່ານໄດ້ສຳລັບຄອກເບັ້ຍ ແລະ ຄ່າໃຊ້ຈ່າຍຕ່າງໆທີ່ພົວພັນນຳການເກັບເອົາເງິນຈ່າຍເກີນອັນນີ້(RCW 43.20B.695).

11. ລາຍເຊັນຂອງພະນັກງານ	12. ຊື່ຂອງພະນັກງານ (ຂຽນເປັນຕົວ)
13. ເລກໂທຣະສັບຂອງພະນັກງານ	ທີ່ຢູ່ອີເມລ໌ຂອງພະນັກງານ

ກະຣຸນາຂຽນປະກອບແບບອອນລາຍນ໌ຂອງຟອມໃບນີ້ຢູ່ທີ່: http://asd.dshs.wa.gov/FRMS/index.htm

Worker: To mail the packet using the United States Postal Service (USPS):
Mail to: OFR / CVOU, PO BOX 9501 MS 45862, OLYMPIA WA 98508-9501(OFR will mail to Vendor)
DSHS form 18-399, Social Services Incorrect Computation Sheet, must be attached.

Instructions for completing the Vendor Overpayment Notice, DSHS 18-398A

A complete vendor overpayment packet must include: a) DSHS Form 18-398A - Vendor Overpayment Notice; b) DSHS Form 18-399 - Social Service Incorrect Payment Computation. Both forms are available online at: http://www.dshs.wa.gov/FRMS/index.html Please type all forms online, print, and mail to the Office of Financial Recovery (OFR) at MS 45862 or by United States Postal Service (USPS) (see address information at the bottom of this page) or send as an email attachment to: vendorop@dshs.wa.gov.

A. Completing the overpayment forms (must be typed)

1. Company / Provider's Name and Address: vendor/provider's name and business address as it appears on the contract.
2. Date: enter the date that the 18-398a is filled out.
3. Reporting Unit or Org Index: used for the payment.
4. Vendor / Provider Number: enter the Vendor / Provider's number under which the overpayment was incurred. Use the suffix "VR" after the numerals.
5. SSPS Service Code, Source Reason Code, and Reason Code: all three codes refer to the service under which the overpayment occurred.
6. SSPS Authorization Number: enter the SSPS authorization number.
7. Account Coding: If the overpayment is not related to an SSPS service, provide the following AFRS coding: Fund, Appropriation Index, Program Index, Sub Object, Sub-sub Object, Organization Index, and Allocation Code.
8. Recipient Name: DSHS client receiving service associated with the overpayment.
9. Overpayment Service Period: state the period the overpayment occurred and the amount of overpayment.
10. Explanation of Overpayment: provide a brief explanation of what caused the overpayment.
11. Worker's Signature: sign in this box (only if mailing document to OFR).
12. Worker's Name: print your name in this box.
13. Worker's Telephone Number and Email Address: include your direct phone number and email address.

B. E-Mailing the overpayment packet to OFR

1. The link to the online form is: http://www.dshs.wa.gov/FRMS/index.html
2. Send the completed form to OFR as an email attachment to: vendorop@dshs.wa.gov
3. If you have any questions or need any other assistance, send an email to: vendorop@dshs.wa.gov

C. Overpayment modification

1. Complete a new form by following the instructions in section A above.
2. When modifying an overpayment, DO NOT write "Cancel" or any other handwritten information on or across the old Notice of Overpayment form.
3. Use today's date. In box 10 type "This is a modification of a debt sent previously". Enter new amount and explanation including date and amount of original overpayment.
4. Mail the completed form to Office of Financial Recovery (OFR) / CVOU at MS 45862 or by United States Postal Service (USPS) (see information at the bottom of this page) or send as an email attachment to: vendorop@dshs.wa.gov
5. If you have any questions or need any other assistance, send an email to: vendorop@dshs.wa.gov

Worker: To mail the packet using the United States Postal Service (USPS):
Mail to: OFR / CVOU, PO BOX 9501 MS 45862, OLYMPIA WA 98508-9501(OFR will mail to Vendor)
DSHS form 18-399, Social Services Incorrect Computation Sheet, must be attached.