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<th>B. APPN INDEX</th>
<th>C. PROG INDEX</th>
<th>D. SUB OBJ</th>
<th>E. SUB OBJ</th>
<th>F. ORG INDEX</th>
<th>G. ALLOC CODE</th>
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16. WORKER’S PRINTED NAME

17. Total Amount 0.00
Instructions for completing the Non-SSPS Client / Vendor / Provider Overpayment AFRS Coding Computation, Form DSHS 18-399A

The Non-SSPS Client/Vendor/Provider Overpayment AFRS Coding Payment Computation, DSHS 18-399A, is used to compute the overpayments for the manually referred overpayments to OFR. The DSHS 18-399A is attached to either the Client Overpayment Notice (DSHS 18-398) or to the Vendor Overpayment Notice (DSHS 18-398A). Both forms are used to notify either the client or the vendor and the Office of Financial Recovery (OFR), of either a Client overpayment or a Vendor/Provider overpayment.

1. REPORTING UNIT or AFRS ORG INDEX: Enter the reporting unit or the AFRS Organization Index of the office that authorized the payment.
2. DATE: Enter the date the DSHS 18-399A is completed.
3. PAYMENT SYSTEM: Enter the acronym for the payment system that was used to make the original payment. For example: IPOne (Individual ProviderOne System), SSBP (Social Service Billing and Payment System) or P1Med (ProviderOne Medical).
   NOTE: If the payment system was SSPS you must use form 18-399 for Client Overpayments and for SSPS Vendor Overpayments the OFR Overpayment Web application located at: http://issdapps.dshs.wa.lcl/ofroverpaymentapp/
4. CLIENT OVERPAYMENT: Indicate if this is a client overpayment.
   NOTE: Only the Client or the Vendor checkbox should be checked, not both.
5. CLIENT ID NUMBER: If this is a client overpayment, enter the Client's ID number from the appropriate payment system followed by the suffix “CR” (for Client Recovery) or “CC” if the nine digit Client ID ends in WA.
6. CLIENT NAME: Enter the name of the client if this is a Client Overpayment.
7. VENDOR/PROVIDER OVERPAYMENT: Indicate if this is a vendor/provider overpayment.
   NOTE: Only the Client or the Vendor checkbox should be checked, not both.
8. VENDOR/PROVIDER ID NUMBER: If this is a vendor/provider overpayment, enter the Provider's ID number from the appropriate payment system followed by the suffix “VR” (for Vendor Recovery).
9. VENDOR NAME/PROVIDER NAME: Enter the name of the vendor/provider for a vendor/provider overpayment.
10. PAYMENT INFORMATION:
    a. Payment Number: Enter the number on the Warrant, EFT, or Check for the overpayment.
    b. Payment Date: Enter the date of the payment (dd/mm/yyyy).
11. AUTHORIZATION INFORMATION:
    a. Authorization number - Enter the Authorization Number that authorized the overpayment
    b. Line number - Enter the Line Number of the authorization
    c. Suffix - Enter the Suffix of the authorization
12. SERVICE RECIPIENT NAME: Enter the name of the person receiving service.
13. SERVICE DESCRIPTION: Enter the type of service that was received or provided; for example, Caregiver Services, In Home Personal Care, Non-Medical Supplies, etc.
14. ACCOUNT CODING: Enter the AFRS account coding that was used to make the payment in the appropriate boxes:
    a. FUND (FD): AFRS fund code used for the payment.
    b. APPN INDEX (AI): AFRS appropriation index code used for the payment.
    c. PROG INDEX (PI): AFRS program index code used for the payment.
    d. SUB OBJ (SO): AFRS sub object code used for the payment.
    e. SUB SUB OBJ (SSO): AFRS sub sub object code used for the payment.
    f. ORG INDEX (OI): AFRS organization index used for the payment.
    g. ALLOC CODE (AC): AFRS allocation code used for the payment.
    h. MOS: The month of service that the payment was for. In the yymm format
15. AMOUNT: Enter the overpayment amount for each type of service and payment number.
16. WORKER'S PRINTED NAME: Enter the name of the worker here.
17. TOTAL AMOUNT: Enter the total of the amounts in the column above.

NOTE: System should auto sum.