



Vendor / Provider Overpayment Notice

1. VENDOR / PROVIDER'S NAME AND ADDRESS

2. Date:	
3. Payment System:	
4. Reporting Unit:	or Org Index:
5. Payment System's Vendor / Provider ID:	VR
6. Select one of the following:	
a. <input type="checkbox"/> SSPS. Must attach DSHS 18-399 SSPS Client / Provider Overpayment Computation Sheet; or, preferably, submit the overpayment electronically at https://sspsoverpayments.dshs.wa.lcl/	
b. <input type="checkbox"/> Non-SSPS. Must attach DSHS 18-399A Non-SSPS Client / Vendor / Provider Overpayment AFRS Coding Computation.	
7. a. * Authorization Number:	
b. * Line:	
c. * Suffix:	
8. * Service Description:	
9. * Recipient Name:	

* See instructions for "Multiple."

10. We determined that you received an overpayment for goods or services from _____ to _____ in the amount of \$_____.

11. Overpayment Error: Vendor / Provider Department

12. Explanation of the overpayment:

We must receive payment within twenty (20) days of receipt of this notice. Send check or money order (include the vendor / provider number on all payments, correspondence, and telephone calls) made payable to "DSHS / OFR", to:
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
 OFFICE OF FINANCIAL RECOVERY (OFR)
 PO BOX 9501 MS 45862
 OLYMPIA WA 98507-9501

If you need to make arrangements for repayment, call the Office of Financial Recovery Vendor recovery:
 (360) 664-5700
 1-800-562-6114 (Toll Free) Ext. 45919
 1-800-833-6388 (TTY-WA State Relay Service)

You may request an administrative hearing if you disagree with this notice. Your request must be in writing and include the following:

- Your name, address, telephone number, and the vendor / provider number (put on each and every page).
- State the reason(s) you think this notice is incorrect and include any supporting documentation.
- Request must be received by the Office of Financial Recovery (at the above address) within twenty-eight (28) days of receipt of this notice.
- Be sent by Certified Mail Return Receipt Requested (CMRRR) or by another trackable delivery service.

If your overpayment was decreased or increased due to the outcome of an Administrative Hearing, you no longer have hearing rights thru the Office of Financial Recovery. Refer to your Final Order for Appeal Rights. If your overpayment was increased due to a change made by the Department, you do have hearing rights on the amount of the increase only.

We can collect an overpayment debt through lien, foreclosure, seizure, and sale against your real or personal property, order to withhold and deliver (garnishment), or any other collection action available to us to satisfy the overpayment debt (RCW 43.20B.675).

We can charge you interest and any costs associated with the collection of this overpayment (RCW 43.20B.695).

13. WORKER'S TELEPHONE NUMBER

14. WORKER'S EMAIL ADDRESS

15. WORKER'S NAME (PRINT)

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

A complete vendor / provider overpayment packet must include: a) form DSHS 18-398A, Vendor / Provider Overpayment Notice; **and** b) form DSHS 18-399, Social Service Incorrect Payment Computation **or** form DSHS 18-399A, Non-SSPS Client / Vendor / Provider Overpayment Notice AFRS Coding Computation. All forms are available online at: <https://forms.dshs.wa.lcl/>. Please type all non-SSPS overpayment forms online and send as an email attachment to: vendorop@dshs.wa.gov, or print and campus mail to the Office of Financial Recovery (OFR) at MS 45862 **or** by United States Postal Service (USPS) Office of Financial Recovery, PO BOX 9501, OLYMPIA WA 98507-9501.

The preferred input method for **all SSPS Vendor / Provider Overpayments** is the OFR Overpayment Web application: <https://sspsoverpayments.dshs.wa.lcl/>

If you have any questions or need any other assistance, send an email to: vendorop@dshs.wa.gov

A. Completing the overpayment forms (must be typed) (NOTE: All fields are mandatory)

Do not send a copy of the overpayment to the vendor / provider. OFR will properly notify them of the debt.

1. Vendor / Provider's Name and Address: Provide the 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. Payment System: Enter the payment system that was used to make the original payment. For example: SSPS (Social Service Payment System), IOne (Individual ProviderOne), SSBP (Social Service Billing and Payment System) or P1Med (ProviderOne Medical).
4. Reporting Unit or AFRS Org Index: Enter the reporting unit or the AFRS organization index of the office that authorized the payment.
5. Payment System's Vendor / Provider ID: Enter the Vendor / Provider ID number from the payment system in which the overpayment was incurred followed by the suffix "VR" (for Vendor Receivable).
6. Select the check box for either SSPS or Non-SSPS and include the associated computation sheet.
SSPS - Check this box if SSPS made the payment; form DSHS 18-399 Social Service Incorrect Payment Computation must be attached. NOTE: The preferred input method is to using the OFR Overpayment Web application for all SSPS Vendor / Provider Overpayments: <https://sspsoverpayments.dshs.wa.lcl/>
 - a. Non-SSPS - Check this box if the SSPS **did not** make the payment; form DSHS 18-399A Non-SSPS Client / Vendor / Provider Overpayment Notice, AFRS Coding Computation must be attached.
7. a. * Authorization Number: Enter the authorization number from the system that made the payment. *Enter the word "Multiple" if more than one authorization is involved and list them all on the related computation sheet.
b. * Authorization Line Number: Enter the authorization line number from the system that made the payment. *Enter the word "Multiple" if more than one authorization line is involved and list them all on the related computation sheet.
c. * Authorization Suffix: Enter the authorization suffix number from the system that made the payment. *Enter the word "Multiple" if more than one authorization suffix is involved and list them all on the related computation sheet.
8. * Service Description: Provide the description of the service provided. *Enter the word "Multiple" if more than one service description is involved in the overpayment and list them all on the related computation sheet.
9. * Recipient Name: DSHS client receiving service associated with the overpayment. *Enter the word "Multiple" if more than one service recipient is involved in the overpayment and list them all on the related computation sheet.
10. Overpayment Service Period and Amount: Enter the beginning and ending time period the overpayment occurred and the amount of overpayment.
11. Overpayment Error: Check who caused the overpayment either "Vendor / Provider" or "Department." Monthly interest will be charged on overpayments that are \$100 or more if they were caused by the vendor / provider.
12. Explanation of Overpayment: Provide a brief explanation of what caused the overpayment.
13. Worker's Telephone Number: Include your direct phone number.
14. Worker's Email Address: Include your work email address.
15. Worker's Name: Print your name in this box.

B. Overpayment modification

When modifying an overpayment, **DO NOT** write "Cancel" or any other handwritten information on or across the old Notice of Overpayment form. Complete a new form by following the instructions above in Section A. Use today's date.

In Box 12 type: "This is a modification of an overpayment dated: mm/dd/yyyy". Then explain why the overpayment is being modified. This information will make it clear to the OFR staff which debt to modify, and will be helpful to the vendor / provider.