



GOLD COAST HEALTH PLAN OVERPAYMENT FORM - CERTIFICATION

The Gold Coast Health Plan Overpayment Form is required to be completed every quarter. The first report can include any overpayments back to claims with service dates on or after 7/1/11 (the effective date of Gold Coast Health Plan).

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER

I HEREBY CERTIFY that I have read the above statements and that I have examined the accompanying overpayment report prepared by: _____

Provider Name _____

Provider NPI Number _____

For the period ____ through _____, the information provided is a true, correct, and complete statement prepared from the books and records of the provider in accordance with applicable Federal laws, regulations and instructions.

(Signature)

Officer or Administrator of Provider

(Print)

Name

Title

Date

CHECK ONE:

The Overpayment Report Detail Page(s) is attached.
Number of detailed Form pages (excluding certification page): _____

There are no Gold Coast Health Plan overpayments to report for this period. (No Detail Page(s) attached.)

Contact Person

Telephone Number