

Refund Request (Account Discrepancy Form)

Requests for credits should be made within 60 days of the query submission. If you suspect that your bill is incorrect, or you need more information about a transaction, you should complete this form. Requests are usually responded to within 5-7 business days of receipt.

Note: Fields with an asterisk (*) are required in order to ensure an accurate response; the information will not be used for any other purpose.

Public Burden Statement

OMB # 0915-0126 expiration date 03/31/21

Public Burden Statement: An agency may not conduct or sponsor and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0126. Public reporting burden for this collection of information is estimated to average 15 minutes to complete this form, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

Name*

First and Last Name

Phone*

Phone Number

Data Bank Identification Number (DBID) or Self-Query Order ID*

DBID or Self-Query Order ID

Dollar Amount*

\$0.00

DCN(s) or Bill Reference Number(s)*

DCN(s) or Bill Reference Number(s)

Please provide an explanation for your request*

Provide an explanation for your request

Submit