



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 PO BOX 9501 OLYMPIA WA 98507-9501

Client Overpayment Notice

1. CLIENT NAME AND ADDRESS

2. Date:
3. Payment System:
4. Reporting Unit: _____ or AFRS Org Index:
5. * Payment System's Client ID:
6. Client SSN:
7. Date of Birth:
8. Select one of the following: a. <input type="checkbox"/> SSPS. Must attach DSHS 18-399 SSPS Client / Provider Overpayment Computation Sheet. b. <input type="checkbox"/> Non-SSPS. Must attach DSHS 18-399A Non-SSPS Client / Vendor / Provider Overpayment AFRS Coding Computation.
9. ACES AU ID Number (optional):
10. Authorization Number: Line: _____ Suffix: _____
11. ** Service Description: ** See instructions for "Multiple."

12. We overpaid you \$ _____ from _____
 to _____.

13. This happened because:

14. Cause of overpayment: Client Department

If you have questions about the amount or the reason why you were overpaid, please call:

15. Worker's Name:	16. Worker's Telephone Number: Email:
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- A. If you do not agree with why you were overpaid, you have the right to ask for an administrative hearing. You have the period of ninety (90) days from the receipt of this notice to request a hearing. Send your written request, with the Client Number written on each and every page, by Certified Mail Return Receipt Requested (CMRRR) or other trackable delivery service, to: Office of Administrative Hearings
 PO Box 42489
 Olympia WA 98504-2489
- B. Send your check or money order, made payable to "DSHS / OFR", for the amount you were overpaid to:
 Department of Social and Health Services (DSHS)
 Office of Financial Recovery (OFR)
 Client Enforcement Unit (CEU)
 PO Box 9501 MS 45862
 Olympia, WA 98507-9501
- C. If you would like to discuss a payment plan call the DSHS Office of Financial Recovery, Client Enforcement Unit, at:
 (360) 664-5700
 1-800-562-6114 (Toll Free)
 1-800-833-6388 (TTY Washington State Relay Service)
- D. If you do not pay we can collect from you. For example, we can take money from your paycheck, file a lien in your name that will appear on your credit report, and/or take money from your bank account(s).

Instructions for completing the Client Overpayment Notice, DSHS 18-398

A complete client overpayment packet must include: a) form DSHS 18-398, Client 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: <http://asd.dshs.wa.gov/FormsMan/FormPicker.aspx>. **Please type all forms online and send as an email attachment to: clientop@dshs.wa.gov or print and campus mail to the Office of Financial Recovery (OFR) at MS 45862 or send by United States Postal Service (USPS) Office of Financial Recovery, PO BOX 9501, OLYMPIA WA 98507-9501.**

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

A. Completing the overpayment forms (must be typed) (NOTE: All fields are mandatory except #9)

DSHS notices should represent the State of Washington in a professional manner. The notices must be legible for OFR's input needs and to the clients as a notice of the debt. **Do not send a copy of the overpayment to the client.**

OFR will properly notify the client of the debt.

1. Client's Name and Address: Provide the client's name and address as it appears in payment system.
2. Date: Enter the date that the DSHS 18-398 is filled out.
3. Payment System: Enter the acronym for the payment system that was used to make the original payment. For example: SSPS (Social Service Payment System), IPOne (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 Client ID: Enter the Client's ID number under which the overpayment was incurred.
6. Client SSN: Enter the client's Social Security Number
7. Date of Birth: Enter the client's date of birth in the mm/dd/yyyy format.
8. Select the check box for either SSPS or Non-SSPS and include the related computation sheet.
 - a. SSPS - Check this box if SSPS made the payment; form DSHS 18-399 Social Service Incorrect Payment Computation must be attached.
 - b. Non-SSPS - Check this box if SSPS did not make the payment; form DSHS 18-399A Non-SSPS Client / Vendor / Provider Overpayment Notice AFRS Coding Computation for non-SSPS overpayments must be attached.
9. ACES AU ID #: (*optional*) Enter the ACES AU ID if available.
10. Authorization #: Enter the authorization number from the system that made the payment. Enter the word "Multiple" if more than one authorization is involved in the overpayment and list them all on the related computation sheet.
Authorization Line #: Enter the authorization line number from the system that made the payment if applicable.
Authorization Suffix: Enter the authorization suffix number from the system that made the payment if applicable.
11. Service Description: Provide a 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.
12. Amount and Overpayment Service Period: Enter the amount and the beginning and ending period the overpayment occurred.
13. Explanation of Overpayment: Provide a brief explanation of what caused the overpayment.
14. Cause of Overpayment Error: Check who caused the overpayment either "Client" or "Department".
15. Worker's Name: Type your name in this box.
16. Worker's Telephone Number and Email Address: Include your direct phone number and email address.

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 in section A. above. Use today's date.

In Box 13 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 OFR staff which debt to modify, and will be helpful to the client.