

# Refund Request Form

**Version 1.1 | Last Updated: March 14, 2025 | Process Owner: Finance Department**

## Refund Request Form Instructions

### Submission Process:

1. Complete all fields in the form below
2. Attach all required supporting documentation
3. Email the completed form to: [refunds@hospital.org](mailto:refunds@hospital.org)
4. Retain a copy for your department's records

### Processing Timeline:

- Form review and approval: 1-3 business days
- Check processing: 5-7 business days after approval
- Total expected timeline: 6-10 business days

### Contact Information:

For questions regarding this form or refund status:

- Email: [refunds@hospital.org](mailto:refunds@hospital.org)
- Phone: (555) 123-4567

## Required Documentation Checklist:

- Account ledger showing credit balance
  - Copy of original payment (if applicable)
  - Insurance EOB showing overpayment (if applicable)
  - Patient request documentation (if patient-initiated)
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# REFUND REQUEST FORM

Requested by: \_\_\_\_\_

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Refund Amount: \_\_\_\_\_

Method of Original Payment:  Check  Credit Card  Cash  Electronic  Other: \_\_\_\_\_

Date of Original Payment: \_\_\_\_\_

Original Payment Transaction ID: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Pay to: \_\_\_\_\_

Pay to Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## FOR APPROVER USE ONLY

Approved by: \_\_\_\_\_

Approved Date: \_\_\_\_\_

Sent to AP date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Processed by: \_\_\_\_\_

## Refund Status Tracking

**Date Status Updated By Notes**