Health Plan of San Joaquin

Offset Request Form

You may elect to have your overpayment(s) repaid through the "offset" process and avoid paying by check or waiting for standard recoupment that begins on day 41 from date on the "intent to offset" letter. A request for elected recoupment through the "offset" process must be received in writing no later than 16 days from the date of initial demand letter. You must specify whether you are submitting:

1. A one-time request for the current overpayment and all future payments, or

2. A request for the current overpayment addressed in this demand letter only.

This process is voluntary and for your convenience. If you have additional questions, please contact HPSJ at 1-888-936- PLAN (7526).

Provider/Group Name	NPI (Group): NPI (Individual):	Tax ID #:
Physical Address	City, State, Zip	Telephone/Ext:

☐ Current Overpayment ONLY. Reference Tracking Number _____
☐ Current Overpayment and all future payments

_____ _____ _____

Name (Print) Signature Date

Please mail form and a copy of the initial HPSJ Recovery Request letter to:

Health Plan of San Joaquin
Attn: Claims Recovery
7751 S. Manthey Rd
French Camp, CA 95231