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Procedure Title:	Patient & Insurance Refund Requests
Date:	07/24/2026
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Department:	Billing
Approved By:	Cece Carvajal

1. Purpose & scope

This procedure defines how patient and insurance refund requests are submitted, reviewed, approved, issued, and completed at Complete Integrative Care (CIC) and Complete Care Health Centers (CCHC). It replaces the prior process of emailing a paper refund-request form: all refund requests are now managed directly in one shared spreadsheet so the team can track each refund consistently, monitor monthly refund limits, and report refunds by provider.

Applies to

- All clinic-issued refunds of **patient payments and insurance overpayments** for both CIC and CCHC, whether refunded by paper check or back to a credit card.

2. Roles & Responsibilities

Role	Responsibilities
Billing Specialist	• Identify credits/overpayments that require a refund. • Enter each refund request on the correct Pending tab with complete, accurate information. • After the check is issued, or a credit card request has been approved, post the refund to the patient account and notify the patient. • Mark the refund Completed once posting and notification are done.
Practice Manager	• Review pending refunds on the scheduled processing dates (the 3rd and 20th). • Approve refunds, issue checks, and record the Check # and Refund Issued date, mark refund as approved. • Set and communicate the monthly refund limit and any changes to it. • Provide direction on exceptions that fall outside this procedure.

3. System & Tools

All refunds are tracked in the shared workbook **Refund Requests.xlsx**, stored in OneDrive and used in Excel for the web. The workbook is organized by company and refund type:

- Request tabs (where staff type): **CIC Patient, CIC Insurance, CCHC Patient, CCHC Insurance.**
- Completed tabs (automatic, read-only): each request tab has a matching “… Completed” tab that fills in automatically when a refund is marked Completed.

- Monthly Totals tab: automatically tallies issued and pending refunds against the $500 monthly limit for CIC and CCHC.
- Status color key on the request tabs: light yellow = Pending, green = Approved, grey with strikethrough = Completed.

4. Procedure

Stage 1 — Submit the refund request (Billing Specialist)

1. Open the workbook and select the correct request tab for the company and refund type (e.g., CIC Patient, CCHC Insurance).
2. Add one row per refund and complete every applicable field: Date Requested, Patient Name, Account # (and Athena Claim # for insurance), DOS, Provider, Refund Amount, Refund Type (Check or Credit Card), Reason for Refund, Requested By, and — for insurance — the payer and Mailing Address.
3. Record the **Provider** under whom the funds were originally collected. This is required for provider-level refund reporting. Make your best efforts to determine who the patient saw on the date of their overpayment. If it cannot be determined, leave this field blank.
4. Set **Status** to **Pending** using the dropdown. Leave Check # and Refund Issued blank — those are filled when the refund is issued.
5. Confirm the row is highlighted yellow (Pending). The refund now appears on the Monthly Totals tab as a pending amount for that company.

Stage 2 — Review, approve & issue (Practice Manager, on the 3rd and 20th)

6. On each scheduled processing date, review all Pending rows across the four request tabs.
7. Before approving, check the **Monthly Totals** tab to confirm the company is within the $500 monthly limit (issued + pending). If a refund would exceed the limit, follow Section 8 (Exceptions & Escalation).
8. Approve the refund and issue the check.
9. Record the **Check #** next to the amount and enter the **Refund Issued** date (the date the check is issued).
10. Set **Status** to **Approved**. The row turns green, and the amount moves from “pending” to “issued” on the Monthly Totals tab.

Stage 3 — Post, notify & complete (Billing Specialist)

11. Once a refund is Approved, post the refund to the patient account in the practice management system.
12. Notify the patient of the refund/credit per the practice’s patient-communication standard.
13. Set **Status** to **Completed**. The row automatically copies to the matching Completed tab and greys out on the request tab — no retyping or deleting.
14. Confirm the refund now appears on the matching “… Completed” tab. The record is retained there for history and reporting.

Pick Status from the dropdown — don't type it.

The automatic transfer and monthly totals rely on the exact words Pending, Approved, and Completed. Typing a value, or adding a space, can stop a refund from transferring to the Completed tab or being counted toward the monthly limit. Always choose the value from the dropdown.

5. Monthly Refund Limit & Monitoring

The current refund limit is **$500 per month, per company**, covering patient and insurance refunds combined. This figure is used to monitor monthly refund activity — it is not a hard cap. Refund requests and patient credit notifications continue as usual even when a company is over $500; refunds are only paused if the Practice Manager advises the team to hold. The Monthly Totals tab tracks this automatically:

- It sums refunds **issued** (Approved or Completed) in the selected month plus refunds **requested/pending** for that month, and compares the total to the $500 limit for CIC and CCHC.
- The status indicator reads Under limit, Near limit (within $100), or MAX REACHED at/above $500.
- Change the **Month** cell to review any month.

6. Processing Schedule, Notifications & Provider Tracking

Refund processing schedule

Refunds are processed on the **3rd and 20th of each month**. If either date falls on a weekend or holiday, refunds are processed on the next business day. The Practice Manager is responsible for accessing the workbook on these dates. Requests may be entered at any time; they are held as Pending until the next processing date.

Patient credit notifications

The practice continues to notify patients when they have a credit. Patient notification is part of Stage 3 and must be done before a refund is marked Completed.

Provider tracking

Because a refund occurs after the payment has posted and is no longer tied to the claim in a way that can be reported from the practice management system, refunds are tracked manually by provider in the workbook. Always record the provider under whom the funds were originally collected so the practice can report the financial impact of refunds by provider.

Insurance cover sheet & backup documentation

For insurance refunds, each insurance type has a Cover Sheet tab (CIC / CCHC) in the workbook. Select the Athena claim number from the dropdown and the cover sheet fills in automatically; save it as a PDF (File › Save As › PDF) to include with the packet.

Save the packet as one PDF file by using the combine files feature in Adobe. File should be saved with the format, YYYY of Req_ Day of Req_ Month of Req _ Athena claim #. (i.e. 2026 _27 _07 _123456). Please do not save separate documents as multiple files for one refund request. It should include, cover sheet, refund request letter from insurance (if applicable), and EOB(s)(if applicable)— into one PDF and save it to the correct folder in OneDrive — Billing Archives ‣ Refund Requests ‣ CIC Insurance Refund Requests (for CIC) or CCHC Insurance Refund Requests (for CCHC). Link it on the refund's row: click the Backup Docs cell, press Ctrl+K, paste the OneDrive link, set "Text to display" to "View packet," and click OK.

7. Spreadsheet Data-Entry Rules

- Type only on the request (Pending) tabs. The Completed tabs and Monthly Totals are automatic — do not type in them.
- Always choose Status, Refund Type, and Requested By from their dropdowns; do not type these values.
- Do not edit, move, or delete the hidden “seq (auto)” helper column on the request tabs — it powers the automatic transfer.
- Do not delete completed rows; history is retained for reporting and the monthly totals.
- Workbook/formula issue (e.g., a refund not transferring): confirm Status was chosen from the dropdown and spelled exactly; if it persists, notify the billing lead rather than editing the automatic Completed tabs or the hidden helper column.