Trillium HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

SELF-AUDIT
REPLACEMENT/VOID CLAIMS CHART

Provider Name:

Member Name	Record Number	Medicaid ID Number	Date of Service	Procedure Code	Claim Number	Claim Count	Billing Provider NPI#	Units Billed	Units Paid	Amount Billed	Amount Paid	Paid Date	Refund/ Payback Amount	Reason for Recoupment
Total Claim Count:						$ 0.00						**Grand Total to be Recouped:**	$ 0.00	

*** Before signing the document, please verify that the content is correct.*

Completed by: _____

(NAME & TITLE)

Date Completed: _____