



**GOLD COAST HEALTH PLAN OVERPAYMENT FORM - CERTIFICATION**

The Gold Coast Health Plan Overpayment Form is required to be completed every quarter. The first report can include any overpayments back to claims with service dates on or after 7/1/11 (the effective date of Gold Coast Health Plan).

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER**

I HEREBY CERTIFY that I have read the above statements and that I have examined the accompanying overpayment report prepared by: \_\_\_\_\_  
\_\_\_\_\_

Provider Name \_\_\_\_\_

Provider NPI Number \_\_\_\_\_

For the period \_\_\_\_ through \_\_\_\_\_, the information provided is a true, correct, and complete statement prepared from the books and records of the provider in accordance with applicable Federal laws, regulations and instructions.

(Signature)

\_\_\_\_\_  
Officer or Administrator of Provider

(Print)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

CHECK ONE:

The Overpayment Report Detail Page(s) is attached.  
Number of detailed Form pages (excluding certification page): \_\_\_\_\_

There are no Gold Coast Health Plan overpayments to report for this period. (No Detail Page(s) attached.)

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone Number