

# CCHS REQUEST FOR REFUND

Refund Request Date: \_\_\_\_\_ Date(s) of Service \_\_\_\_\_

Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City

State

Zip

Original Payment: \$ \_\_\_\_\_ made via: Cash Check Credit Card Debit Card

Refund Requested: \$ \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*FOR INTERNAL USE ONLY*

Date(s) of Service \_\_\_\_\_ Insurance Billed? Yes or No Insurance Paid? \_\_\_\_\_  
(circle one)

\_\_\_\_\_  
**Administrative Assistant Approval**

\_\_\_\_\_  
**Public Health Nursing Supervisor Approval**

\_\_\_\_\_  
**Division Director Approval**

\_\_\_\_\_  
**FCO Approval**      **AHSO Signature:** \_\_\_\_\_

**Final Refund Amount:** \$ \_\_\_\_\_ (FCO calculates) Cash, Check or Debit Card requires Voucher  
**If via credit card, must be on card ending in** \_\_\_\_\_

Notes: \_\_\_\_\_



### CCHS Supporting Documentation Checklist

- Patagonia printout reflecting payment history (service provided, payment amount, posting date, balance due) (CCHS)
- Copy of Cashier Summary Report with transaction included (CCHS)
- Copy of Cash Desk Transmittal (AHS)
- If payment made by check, copy of original check received and deposited (AHS via creditron)
- If payment made by credit or debit card, copy of card receipt and batch total
- Any other documentation that supports request for refund