CCA-1328A FORFF (08/24)

Arizona Department of Economic Security
Child and Community Services Division - Child Care

Potential Provider Overpayment Referral

Today's Date _____

Program: _____

Mail Drop _____

☐ Provider Caused Overpayment ☐ Agency Caused Overpayment

☐ Overpayment Unknown *(If OP is Provider/Client or Provider/Agency)*

Section I - Completed by Staff

1. Provider Name: _____ 2. Provider ID#.: _____

3. EIN or SSN #.: _____

4. Method Discovered *(Check all that apply)*

☐ CCR&R Report ☐ Staff Member Routine ☐ Case Read ☐ Office of Inspector General Report

☐ Provider Notification ☐ Billing Documents ☐ Other *(specify):* _____

5. Approximate Timeframe of Overpayment Start Date: _____ End Date: _____

6. Summary of Overpayment *(Explain in detail the cause of Overpayment)*

7. Was Office of the Inspector General Investigation Conducted ☐ Yes ☐ No

8. If yes, is Office of Inspector General report attached ☐ Yes ☐ No

9. Staff Member's Name: _____ Phone Number: _____ Date: _____

Section II - Completed by Supervisor

1. Case File(s) and Summary Reviewed with Staff Supervisor's Initials _____

2. Date Sent to Business Operations Date _____

☐ Emailed form to DCCOP@azdes.gov

3. Supervisor's Signature _____ Date _____