



Please complete this form if you would like OPDS to reconsider a decision to deny payment of all or part of a submitted invoice.

The reconsideration process is in place to assess issues where there is disagreement regarding the reason payment was denied or amended and additional information or circumstances may have affected the decision. Issues that are clearly defined by policy will not be forwarded to the reconsideration panel.

This form is NOT required if you are simply submitting additional information as noted on a Notice of Adjustment within 60 days of the notice date. The Notice of Adjustment and needed information may be submitted normally into the processing que.

This completed form and any additional information is required for reconsideration. The request must be submitted via email at accountsPayable@opds.state.or.us with RECONSIDERATION REQUEST in the subject line of the email. Requests \$10.00 or over must be submitted within 60 days of the date of the Notice of Adjustment. If under \$10.00 within 60 days of the payment date. Requests will be reviewed by the Reconsideration Panel for approval or denial within 10 business days of receipt.

Payment Voucher Number _____
 Name _____

Email _____

Please check all that apply

<input type="checkbox"/>	There are other related payments – See attached
<input type="checkbox"/>	Other: _____

Please summarize what was not paid and the circumstances or additional information that has been included to support payment.