

# Benefit Overpayment Summary

<b>Claimant Name</b>	John Doe
<b>Claim Number</b>	123456789
<b>Period of Overpayment</b>	01/01/2023 - 03/31/2023
<b>Total Overpaid Amount</b>	\$2,500.00
<b>Reason for Overpayment</b>	Unreported Earnings
<b>Amount Recovered</b>	\$600.00
<b>Outstanding Balance</b>	\$1,900.00

## Payment Options

Payment Amount: