

Provider Claim Refund Form

How to return a payment:

Providers may return improper or overpaid funds to the health plan by:

1. Completing page 1 of the Provider Claim Refund Form.
2. Using page 2 of the form, as needed, to list multiple claims connected to the payment being returned.
3. Mailing the completed form and refund check to the claims processing department at the address below.

Provider information	
Date:	Provider name:
NPI:	TIN:
Provider address:	
Office contact:	Phone number:

Member information					
Member name	ID number	Date of service	Claim number	Check number	Refund amount
					\$

Please note: If your refund contains more than one claim, please use the attached form (page 2) or attach your own file.

Type of refund	
<input type="checkbox"/> Medical overpayment	<input type="checkbox"/> Capitation
Other:	

Reason for refund	
<input type="checkbox"/> Other insurance (attach primary EOB)	<input type="checkbox"/> Subrogation
<input type="checkbox"/> Duplicate payment	<input type="checkbox"/> Claim was processed under the incorrect provider
<input type="checkbox"/> Incorrect provider cashed check	<input type="checkbox"/> Not our check
<input type="checkbox"/> Billing error	<input type="checkbox"/> Contract change or fee schedule update
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Recovery project (please include project letter)
<input type="checkbox"/> Bonus payment	<input type="checkbox"/> Return supplies (durable medical equipment)
Other (Please provide details. "Overpayment" is not a valid reason.)	

All checks should be made payable to AmeriHealth Caritas Pennsylvania.

Mail to:

Attn: Claims Repayment Research Unit
P.O. Box 7118
London, KY 40742



