

# 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 this 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 one of the addresses 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.)	

Mail to the appropriate address below.

**For Community HealthChoices through AmeriHealth Caritas PA CHC, make check payable to AmeriHealth Caritas PA CHC and mail to:**

AmeriHealth Caritas PA CHC  
ATTN: Claims Repayment Research Unit  
P.O. Box 7110, London, KY 40742-7110

**For Community HealthChoices and Medicare through AmeriHealth Caritas, make check payable to AmeriHealth Caritas VIP Care and mail to:**

AmeriHealth Caritas PA CHC/AmeriHealth Caritas VIP Care  
ATTN: Claims Repayment Research Unit  
P.O. Box 7143, London, KY 40742-7143

