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 used the attached form (page 2) or attach your own file.

Type of refund	
☐ Medical overpayment	☐ Capitation
Other:	

Reason for refund	
☐ Other insurance (attach primary EOB)	☐ Subrogation
☐ Duplicate payment	☐ Claim was processed under the incorrect provider
☐ Incorrect provider cashed check	☐ Not our check
☐ Billing error	☐ Contract change or fee schedule update
☐ Eligibility	☐ Recovery project (please include project letter)
☐ Bonus payment	☐ 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

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Additional Provider Claim Refund Form

If your refund contains more than one claim, please complete this form or attach your own file.

Member name	ID number	Date of service	Claim number	Check number	Refund amount	Reasons for claim
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	

Print form

Community HealthChoices

AmeriHealth Caritas Pennsylvania

Coverage by AmeriHealth First.

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