

Refund check form

Priority Health
 Attn: Overpayment refunds
 1705 Reliable Pkwy
 Chicago, IL 60686-3592

- If you notice an error on your check for claims payments, contact the Provider Helpline at 800.942.4765 (option 2) immediately. We will make the necessary adjustments which will appear on a future check and/or remittance advice. We prefer that you do not return the entire check that you received from us.
- When sending a refund, photocopy this form and enclose it with your check.
- If we identify an overpayment and you have not contacted us, we will make the necessary adjustments on a future remittance advice, or send a letter requesting repayment, based on the dollar amounts outlined in your provider agreement or in the Provider Manual.

Questions? See the “overpayments” section of the Provider Manual at priorityhealth.com/provider/manual.

| | |
|----------------------------------|-----------------|
| From: | |
| Provider name | |
| Office staff contact | |
| Telephone number | |
| Re: | |
| Priority Health member ID number | |
| Member name | |
| Claim number | Date of service |

Please indicate reason for refund or returning check:

- Not our patient
- Took wrong copay
- Received payment from other insurance (attach
- EOB) Duplicate payment (attach both EOBs)
- Wrong provider location
- Billing account changed
- Incorrect amount
- Member returned item (rental credit)
- Claim billed in error; member was not seen on this
- Insurance company request (attach letter)

Other:
