



Dell Children's Health Plan
PO Box 37502,
Oak Park MI 48237-0502

Overpayment Refund Notification Form

In order for an overpayment refund to be processed in a timely manner, please submit a completed form with all refund checks and supporting documentation. If the refund check you are submitting is from Dell Children's Health Plan, please include a completed form specifying the reason for the check return.

Provider Name/Contact: _____ **Contact Number:** _____

Provider NPI: _____ **Provider Tax ID:** _____

Member Name: _____

Medicaid ID: _____ **Account Number:** _____

Document control number or Claim ID: _____

Total Refund amount: \$ _____

Claim number(s):

Reason for refund or check return:

- Refund Letter from Dell Children's Health Plan
- Billed in error/adjusted charge
- Other health insurance/third-party liability
- Other:
- Contract rate change
- Incorrect provider
- Payment error
- Duplicate payment
- Negative balance
- Incorrect member

All refund checks should be mailed with a copy of this form to:
Dell Children's Health Plan
PO Box 37502,
Oak Park MI 48237-0502

You will receive an explanation of payment explaining the details of the reconciliation.

Thank you for completing this *Overpayment Refund Notification Form*.

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