

## Provider Overpayment Form

Please fill out the entire form. Jefferson Health Plans/Health Partners Plans can accept a maximum of 10 claims per form under the same check number.

If you are submitting more than 10 claims under the same check number, complete one form and provide a spreadsheet listing all claims. Please notify your Provider Relations Representative of the large overpayment request.

Send the completed form and all applicable claims to:

Jefferson Health Plans  
Attn: Finance-Cash Receipts  
901 Market Street, Suite 500  
Philadelphia PA 19107

Provider/Health System Name:

Date:

Address - City, State, ZIP:

Check #:

Provider NPI:

Tax ID:

Provider Name:

Claim(s) #:

Claim(s) Date of Service:

Total Charge Billed on Claim(s):

Reason for return (please check all that apply):

Claim overpayment

Billing error

Duplicate payment (provide EOB of both claims)

Other coverage (Primary, Auto, Workmen's Compensation). Please submit other coverage EOB.

Invalid provider paid/incorrect vendor

Provider retraction request: (please provide specific reason)

Health Partners Plans, Inc. (HPP), uses Jefferson Health Plans as the marketing name for some of its lines of business. Current lines of business are: Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans Medicare Advantage, Health Partners Plans Medicaid, and Health Partners Plans CHIP. All communications will specify the impacted line of business within the content of the message.