



Overpayment/Refund Form

Participating providers are entitled access to the NaviNet[®] web portal and should be initiating an adjustment to correct an overpayment through NaviNet by selecting the *Claim Inquiry and Maintenance* transaction and then *Claim Status Inquiry*. Enter the appropriate search criteria: Billing Provider and Member ID and DOB or Billing Provider and Member Last Name, First Name, and DOB. The Claims Search Results screen and Claim Details screen both offer a link to Claim Investigation. Through this preferred and expedited method, credits and/or retractions will automatically appear on a future Provider Explanation of Benefits (Provider EOB) or Provider Remittance.

If you are a participating provider but not NaviNet-enabled, please visit www.navinet.net to sign up. Once you are enabled, you may submit your adjustment request as outlined above.

If you are not a participating provider, please call Customer Service at 1-800-275-2583 or you may complete this form and mail it along with a copy of the Provider EOB or Provider Remittance to:

AmeriHealth Claims Overpayment
 1901 Market Street
 Treasury Services, 39th Floor
 Philadelphia, PA 19103-1480

Date _____ Provider ID # or NPI _____

Provider name _____

Provider address _____

Contact at provider's office _____ Telephone # _____

Providing patient information enables us to credit your account in a timely manner.

Member name and ID #	Dates of service	Claim #	Remit amount

Reason for refund:	Type of refund:
<input type="checkbox"/> Payment of outstanding credit balance or A/R <input type="checkbox"/> Duplicate payment <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Medicare <input type="checkbox"/> Other insurance _____ <input type="checkbox"/> Provider billing error <input type="checkbox"/> Processing error <input type="checkbox"/> Unable to identify patient <input type="checkbox"/> Multiple payments (If multiple members are affected, attach a copy of your Provider EOB or Provider Remittance with names highlighted.)	<input type="checkbox"/> Medical claim <input type="checkbox"/> Capitation <input type="checkbox"/> Other _____ _____ _____

Comments

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