

HP Enterprise Services

Mail To: HP Enterprise Services
P.O. Box 2108
Frankfort, KY 40602-2108
ATTN: Financial Services

CASH REFUND DOCUMENTATION

1. Check Number		2. Check Amount	
3. Provider Name/ID /Address		4. Member Name	
		5. Member Number	
6. From Date of Service	7. To Date of Service	8. RA Date	

9. Internal Control Number (If several ICNs, attach RAs)

_____ | | | | | | | | | | | | | | | | | | | | | |

Research for Refund: (Check appropriate blank)

_____ a. **Payment from other source - Check the category and list name (attach copy of EOB)**
_____ **Health Insurance**
_____ **Auto Insurance**
_____ **Medicare Paid**
_____ **Other**

_____ b. **Billed in error**

_____ c. **Duplicate payment (attach a copy of both RAs)**
If RAs are paid to two different providers, specify to which provider ID the check is to be applied.
_____ | | | | | | | |

_____ d. **Processing error OR overpayment (explain why)**

_____ e. **Paid to wrong provider**

_____ f. **Money has been requested - date of the letter** _____ | |
(attach a copy of letter requesting money)

_____ g. **Other** _____

Contact Name _____ **Phone** _____