HP Enterprise Services

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

Reset Document

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** _____