Chorus Community Health Plans
PO Box 359
Menasha, WI 54952-0359
877-458-1289

Claims Recoup/Refund Request Form

Reversals of overpayments will result in an automatic offset against future payments.

Mail completed form to:
Chorus Community Health Plans
PO Box 359 | Menasha, WI 54952-0359

PROVIDER INFORMATION	
Provider name	First and last name
Tax ID	Must be 9 digits
Address	Street City State Zip
Contact name	
Contact phone number	
Date form sent	

Claim Number	Date of Service	Patient Name	Member Number	Amount to Reverse	Description of Problem