Chorus Community Health Plans
P.O. Box 56099
Madison, WI 53705
chorushealthplans.org

Claims Recoup/Refund Request Form

Complete the form below and mail to the address above in the upper right-hand corner. Reversals of overpayments will result in an automatic offset against future payments.

For assistance with your request, please contact our Customer Service Center at 800-482-8010.

Provider Information:

Provider Name: First and Last Name

Tax ID: Must be 9 digits

Provider Address: Street City State ZIP

Date Sent: MM/DD/YYYY

Who should CCHP contact with questions regarding the information provided on this form?

Name:

Phone: Ext:

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

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