



Overpayment Refund Notification Form

Submit this completed form with all refund checks and supporting documentation to ensure the overpayment refund is processed timely. If the refund check you are submitting is from Simply Healthcare Plans, Inc. and Clear Health Alliance (Simply), include a completed form specifying the reason for the check return.

Provider name/contact:
Contact number:
Provider ID:
Provider tax ID:
Subscriber ID:
DCN number (displayed on CCU letter):

Member name:
Member account number:
Date of service:
Total billed charges:

Total check amount:

Claim number(s)	

Reason for refund or check return		
<input type="checkbox"/> Simply letter	<input type="checkbox"/> Incorrect member	<input type="checkbox"/> Payment error
<input type="checkbox"/> Contract rate change	<input type="checkbox"/> Incorrect provider	<input type="checkbox"/> Billed in error/adjusted charge
<input type="checkbox"/> Duplicate payment	<input type="checkbox"/> Negative balance	<input type="checkbox"/> Other health insurance/third-party liability
<input type="checkbox"/> Other:		

Mail all refund checks with a copy of this form to:

**Simply Healthcare Plans, Inc.
 P.O. Box 933657
 Atlanta, GA 31193-3657**

Once the Cost Containment Unit (CCU) has reviewed the overpayment, you will receive a letter explaining the details of the reconciliation. Thank you for completing this *Overpayment Refund Notification Form*.

**<https://provider.simplyhealthcareplans.com/florida-provider>
<https://provider.clearhealthalliance.com/florida-provider>**

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. is a Medicare-contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.
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