



Completion of this form in its entirety is required in order to assist with accurate and timely reprocessing of your claims. Include any required documentation with your submission.

**Overpayment Recovery Form**

Please mail this form and any other required documentation to CareSource at the address below.

Do not use this form for the following:

- Submission of Appeals or Correspondence
- Sending payment

CareSource  
230 N. Main Street  
Attention: Claim Recovery Department  
Dayton OH, 45402

Claim Number	Member ID	Date of Service	Amount of Overpayment	Claim Paid Amount	Reason for Refund

Provider Information	
Provider Name	
Provider Tax ID	
Provider NPI	
Remittance Address	
Service Address	
Alternate Remit Address (if different than Provider Remittance)	
Contact Name	
Contact Phone	