



NETWORK *Notification*

Notice Date: October 1, 2023
To: Michigan Medicaid Providers
From: HAP CareSource
Subject: New Address for Refund Checks
Effective Date: October 1, 2023

Summary

HAP CareSource has updated the address for refund check submissions. Effective immediately, please send refund checks to:

HAP CareSource
P.O. Box 632128
Cincinnati, OH 45263-2128

Impact

The address listed above is for refund check submissions only. Correspondence other than refund checks submitted to this lock box will cause a delay in the processing of the checks and remaining correspondence.

Importance

To streamline the process of submitting refund checks, HAP CareSource has created a form to help ensure timely and accurate processing. The Claim Recovery Request Form is available to download on **HAPCareSource.com**. A separate form and appropriate documentation must be submitted for each refund check.

Questions?

Please contact Provider Services at **1-833-230-2102** with any questions.

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