



Overpayment Recovery Form

If you have a claim that you believe CareSource has overpaid, please complete this form so CareSource can investigate. Please do not refund any money at this time. CareSource will notify you of the outcome of the investigation, as well as what the next steps are.

**CareSource North Carolina Co.
230 N. Main Street.
Attention: Claim Recovery Department Dayton,
OH 45402**

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.

Do not use this form for the following:

- Submission of Appeals or Correspondence
- Sending Payment

Claim Number	Member ID	Date of Service	Amount of Overpayment	Claim Paid Amount	Description of why claim is overpaid
123456789XX00	1234567890	00/00/0000	\$50000.00	\$50000.00	Coding error

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