



## **Overpayment Recovery Form**

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

CARESOURCE  
Attention: Claim Recovery Department  
230 N. Main St.  
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

## 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	