

Returned Funds Form

Complete all areas of this form and attach the appropriate documentation.

Today's date: _____

Provider name:	
Provider ID number:	
Contact name:	
Telephone number:	
Contact address:	

Check off all that apply:

I am returning a check to Tufts Health Plan

Indicate the Payment/Check number and the claim number below:

Payment/Check number: _____

Claim number: _____

I am writing a check to Tufts Health Plan

Indicate the Payment/Check number and the claim number below:

Payment/Check number: _____

Claim number: _____

I have enclosed a copy of the Explanation of Payment

Explain why you are returning funds to Tufts Health Plan in the space below, e.g., claim billed in error, incorrect provider paid.

Mail form and attachments to:

Tufts Health Plan
 ATTN: Finance Services Team
 705 Mount Auburn Street
 Watertown, MA 02472-1508