



TUFTS
Health Plan

Returned Funds Form

Complete all areas of this form and attach the payment Explanation of Payment (EOP) for the claims requesting to be refunded.

Today's date: _____

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

Check off all that apply:

<input type="checkbox"/> I am returning a check to Tufts Health Plan Indicate the Payment/Check number and the claim number below: Payment/Check number: _____ Claim number: _____	<input type="checkbox"/> I am returning a check to Tufts Health Plan Indicate the Payment/Check number and the claim number below: Payment/Check number: _____ Claim number: _____
<input type="checkbox"/> I have enclosed an EOP	

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

[illegible]

Mail form and attachments to:

Tufts Health Plan
Attn: Finance Services Team
1 Wellness Way
Canton, MA 02021-1166