

Provider Early Reversal Permission Form

Provider is requesting Molina Healthcare to deduct the claim(s) paid in error listed below from a future Remittance

State: Washington		
Provider Name:		Provider Tax ID Number:
Person Requesting Claim(s) Reversal:		Signature / Date:
Claim Number	Overpayment Amount	Overpayment Reason
	1	
Comments		
Please fax to: Molina Healthcare Claims	Recovery Department i	n Washington: (888) 396-1520.

For questions, please call Molina Provider Service Contact Center at: (855) 322-4082.

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