



# Return of Overpayment

Medicaid       Medicare       Marketplace       MyCare Ohio

Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Tax Identification Number: \_\_\_\_\_

Provider Contact Person: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_

Please fill out the form below with all applicable information.

Molina Claim Number	Molina Check Number	Amount Refunded to Molina	Provider Check Number (if applicable)

Reason the payment is being returned to Molina Healthcare (check one):

- Claims are for patients not affiliated with this office.
- Member has primary insurance and claim was paid as primary.
- Claim was overpaid due to a billing error (please send corrected claim if needed).
- Other (please explain) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please direct payment and any correspondence to:**  
Molina Healthcare of Ohio, P.O. Box 715257, Columbus, Ohio 43217-5257

**If returning a Molina Healthcare check only, please send to:**  
Molina Healthcare of Ohio, P.O. Box 349020, Columbus, OH 43234-9020