



Your Extended Family.

Wisconsin - Return of Overpayment

Medicaid Medicare Marketplace

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) _____

Provider Disputes – Correspondence
Molina Healthcare of Wisconsin
PO Box 2470
Spokane, WA 99210-2470

Refund Checks
Molina Healthcare of Wisconsin
L-4146
Columbus, OH 43260-4146

Fax Number
877.902.1208