



NETWORK *Notification*

Notice Date: October 16, 2024
To: HAP CareSource Marketplace Providers
From: HAP CareSource Marketplace
Subject: New Address for Refund Checks
Effective Date: October 16, 2024

Summary

HAP CareSource™ has updated the address for Marketplace refund check submissions. Effective immediately, please send refund checks to:

HAP CareSource
P.O. Box 632400
Cincinnati, OH 45263-2400

Impact

The address listed above is for refund check submissions only. Correspondence other than refund checks submitted to this lock box will cause a delay in the processing of the checks and remaining correspondence.

Importance

To streamline the process of submitting refund checks, HAP CareSource has created a form to help ensure timely and accurate processing. The Claim Recovery Request Form is available to download on [HAPCareSource.com](https://www.HAPCareSource.com). A separate form and appropriate documentation must be submitted for each refund check.

Questions?

Please contact Provider Services at **1-833-230-2102**, available Monday through Friday, 8 a.m. to 6 p.m. Eastern Time (ET) with any questions.

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