

Overpayment Recovery Form



If you have a claim that you believe Common Ground Healthcare Cooperative (CGHC) has overpaid, please complete this form so we can investigate. Do not refund any money at this time. CGHC will notify you of the outcome of the investigation, as well as next steps.

Complete this form in its entirety and include any required documentation with your submission. We need this information to assist with accurate and timely investigation and reprocessing of your claims.

Common Ground Healthcare Cooperative
 ATTN: Claims Recovery Department
 P.O. Box 1305
 Dayton, OH 4540

Do not use this form for the following:

- Submission of Appeals or Correspondence
- Sending Payment

Claim Number	Member ID	Date of Service	Amount of Overpayment	Claim Paid Amount	Description of why claim is overpaid
123456789XX00	1234567890	00/00/0000	\$50000.00	\$50000.00	Coding error

PROVIDER INFORMATION	
Provider Name	
Provider Tax ID	
Provider NPI	
Remittance Address	
Service Address	
Alternate Remit Address (if different than Provider Remit)	
Contact Name	
Contact Phone	