



StrideSM (HMO)/(HMO-POS) Medicare Advantage **Claim Overpayment Refund Form**

Instructions	
<p>NOTE: This form is only for submitting refunds of overpayments to Harvard Pilgrim Health Care for Medicare Advantage StrideSM claims.</p> <p>Our system is currently unable to process claim reversals (take-backs or with-holds) against future payments. We request your cooperation in responding promptly to Refund Request notices and letters sent by our Claims Department. Refunds can be submitted directly to:</p> <p>Harvard Pilgrim Health Care, Inc. c/o Stride Claims Processing P.O. Box 211067 Eagan, MN 55121</p> <p>If you have any questions regarding these processes, please call Harvard Pilgrim Health Care Stride Provider Services at 888-609-0692.</p>	
<p>To assist us in locating the appropriate claim, please complete the information requested below and attach this form to your refund payment. Submit the completed form to:</p> <p>Harvard Pilgrim Health Care, Inc. c/o Stride Claims Processing P.O. Box 211067 Eagan, MN 55121</p>	
Today's Date (MM/DD/YYYY):	
Provider Information	
Provider name:	NPI:
Submitter name:	Contact phone:
Submitter address:	
Member/Claim Information	
Member name:	Member ID:
Claim number:	Date(s) of service:
Billed amount:	Paid amount:
Reason for refund:	
Original Payment Information	
Claim paid on check #:	Check amount:
Check date:	Refund amount:
<p>If payment is not received within 30 days of the initial request for refund, we may pursue additional overpayment recovery efforts. If you wish to challenge any overpayment recovery actions by our plan, you may dispute the amount of the refund request in writing to the P.O. Box listed above, within 30 days of the date of the initial notice.</p>	