



Memorial Hermann Health Plan, Inc.
Memorial Hermann Health Solutions, Inc.
Memorial Hermann Health Insurance Company
Memorial Hermann Commercial Health Plan, Inc.

Refund and Overpayment Reporting Form

Address:
Memorial Hermann Health Plan
Attn: Finance Dept.
929 Gessner Rd., Ste. 1500
Houston, TX 77024

Facility/Group/Provider Name: _____

NPI Number: _____ Tax ID: _____

Office Contact Name: _____

Office Contact Email: _____

Office Phone: _____

Memorial Hermann Claim Number:

Date of Service:

Paid Date:

Check Number:

Patient Name:

Member/Subscriber ID:

Refund Check Number:

Refund Request Letter Date:

Amount of Refund:

Reason for Refund/Comments: