

Aetna Better Health® of Kansas

## Overpayment Refund Form



Providers who have identified an overpayment or wish to refund an overpayment on any Aetna Better Health of Kansas member of the KanCare program may submit this form, accompanied by a check, to the following address:

Aetna Better Health of Kansas Attention: Finance PO Box 841004 Dallas, TX 75284-1004

Please complete the form below and include it with your refund check to ensure it is accurately applied in our system in a timely manner. Please include a copy of your REMITTANCE ADVICE if available

Member Name	Member ID	Claim ID (ICN)/ Detail Line	Date of Service	Original Amount Paid	Amount Overpaid	Provider NPI	Overpayment Reason

Person Completing Form	· ' ————————————————————————————————————	Telephone #:	·

Questions?