MEMORIAL HERMANN Health Plan

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: Claims Department
P.O. Box 19909
Houston, TX 77224

Facility/Group/Provider Name: _____

NPI Number: _____ Tax ID: _____

Office Contact Name: _____

Office Contact Email: _____

Office Phone: _____

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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: