CRC - NGHP Correspondence Cover Sheet

Applicable Plan: ________________

Beneficiary Name: ________________

Medicare Number: ________________

CRC Recovery ID #: ________________

Please use this cover sheet when mailing or faxing correspondence to the Commercial Repayment Center (CRC). The information above will ensure accuracy when handling your case documentation. We recommend you retain a copy of this cover sheet for any future correspondence.

Please indicate the type of correspondence you are submitting to the CRC to facilitate routing.

Check all that apply:

☐ Check
☐ Authorization Documentation
☐ Other ________________

Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers’ Compensation

Submit correspondence to the CRC address/FAX number listed below:

Medicare Commercial Repayment Center - NGHP
PO Box 269003
Oklahoma City, OK 73126

FAX: (844) 315-7627