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**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**