



Commercial Repayment Center NGHP Correspondence Cover Sheet

Applicable Plan: _____

Beneficiary's Name: _____

HICN#/MBI#: _____

CRC Recovery ID#: _____

Please use this sheet when mailing or faxing correspondence to the Commercial Repayment Center (CRC) about Workers' Compensation or No-Fault recovery cases. The information above helps to ensure appropriate processing when handling your case documentation. We recommend you retain a copy of this cover sheet for any future correspondence. Please indicate the type(s) of correspondence you are submitting to the CRC to facilitate routing:

- Authorization**
- CPL dispute**
- CPN dispute**
- Payment**
- Redetermination request ("Appeal")**
- Other** _____

Note: This cover sheet is intended to be used per individual recovery case. To avoid confusion and delays in processing your correspondence, please do not include more than one beneficiary in a dispute/ appeal package and try to submit payments in the form of one check per individual recovery case. If not using the Medicare Secondary Payer Recovery Portal (MSRP), please send correspondence to:

Medicare Commercial Repayment Center - NGHP
PO Box 1610
Lathrop, CA 95330
Fax: 1-844-315-7627