

Please note that the GHP Correspondence Cover Sheet does not replace
GHP Defense Letters on letterhead.



GHP Correspondence Cover Sheet

Beneficiary's Name: _____ Insurer: _____
HICN#/MBI#: _____ Contact Name: _____
Date of Demand: _____ Employer: _____
CRC Case ID Number: _____
Contact Email: _____

Please use this sheet when mailing or faxing correspondence to the CRC to ensure accuracy when handling case information. Please indicate the type of correspondence submitted to the CRC to facilitate routing. Choose all that apply:

Defense Types:

- | | |
|---|---|
| <input type="checkbox"/> Coverage Status | <input type="checkbox"/> Timely Filing Defense |
| <input type="checkbox"/> Non-Covered Services | <input type="checkbox"/> Employer Size (Working Aged) |
| <input type="checkbox"/> Capitation/Duplicate Primary Payment (DPP) | <input type="checkbox"/> Employer Size (Disabled) |
| <input type="checkbox"/> Beneficiary Unknown | <input type="checkbox"/> Long Term Disability (LTD) |
| <input type="checkbox"/> End Stage Renal Disease (ESRD) | <input type="checkbox"/> Primary Processing/Payment to Medicare |

General Correspondence:

- | | |
|--|--|
| <input type="checkbox"/> Request for Reprint | <input type="checkbox"/> Request for Case Status |
| <input type="checkbox"/> Other _____ | |

Note: Please do not include more than one beneficiary in a defense. It is encouraged that payments are submitted in the form of one check per beneficiary case when possible.

Note: If the debt has already been referred to the U.S. Department of Treasury or a collection agency, all correspondence must be directed to that entity.

Submit correspondence to:

Medicare Commercial Repayment Center - GHP
P.O. Box 248909
Oklahoma City, OK 73124
Fax: 1-844-315-4313

CRCP: <https://www.cob.cms.hhs.gov/CRCP/login>

PLEASE DO NOT INCLUDE DEMAND OR CLAIMS IN DEFENSE SUBMISSIONS.