GHP Correspondence Cover Sheet

Beneficiary's Name: _____

HICN#/MBI#: _____

Insurer: _____

Employer: _____

CRC Case Identification Number: _____

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:

☐ Coverage Status

☐ Non-Covered Services

☐ Capitation/Duplicate Primary Payment (DPP)

☐ Beneficiary Unknown

☐ End Stage Renal Disease (ESRD)

☐ Timely Filing Defense

☐ Employer Size (Working Aged)

☐ Employer Size (Disabled)

☐ Long Term Disability (LTD)

☐ Primary Processing/Payment to Medicare

General Correspondence:

☐ Request for Reprint

☐ Request for Case Status

☐ 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