



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). 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 submitted to the CRC to facilitate routing:

Check all that apply:

- Check
- Authorization Status
- Other _____

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

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