



# Foundational Community Supports Transition Assistance Program Overpayment Refund Notification Form

Washington | Medicaid

For an overpayment refund to be processed in a timely manner, please submit a completed form to Wellpoint with all refund checks/payments.

Provider agency name:	Contact name:
Contact phone number:	Contact email:
Agency tax ID:	Amount being returned: \$
Enrollee ProviderOne (P1) ID:	Enrollee name:
Date of expenditure:	

Total check amount: \$ \_\_\_\_\_

Please put **GL Account 240160** on all checks/payments.

Additional enrollees:

Enrollee P1 ID	Enrollee name	Amount being returned	Date of expenditure

### Reason for refund or check return:

- Refund
- Estimated amount was too large
- Duplicate payment
- Incorrect member
- Incorrect provider
- Payment error
- Billed in error/adjusted charge
- Other:

All refund checks should be mailed with a copy of this form to:

Wellpoint  
 Transition Assistance Program  
 overpayment 705 5th Ave S Suite 300  
 Seattle, WA 98104-4446

Once the Foundational Community Supports (FCS) Transition Assistance Program (TAP) team for Wellpoint has received the overpayment, you will receive an email confirming the amount has been received. Thank you for completing this *FCS TAP Overpayment Refund Notification Form*. If you have questions, call FCS at **844-451-2828** or email [TransitionAssistanceFCS@wellpoint.com](mailto:TransitionAssistanceFCS@wellpoint.com).