WellCare
Beyond Healthcare. A Better You.

# WellCare Refund Referral Grid

*(Enter More Rows As Necessary)*

| Check Number | Check Date | Member Name | Patient Account Number | WellCare Claim # | DOS | Total Billed Amount Of Claim | Amount being refunded | Reason for refund | Additional Information Required for Posting | Claim Line Numbers (if applicable) | Contact Name/Phone/Email |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11555 | 10/1/2015 | Example: John Daily | 015526412055 | 166555264 | 09/15/15 | $500.00 | $250.00 | (Choose) | | | John Doe - 813-777-7777<br>John.Doe@HealthPlan.com |
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