OHANA HEALTH PLAN

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	Contact Name/Phone/Email
11555	10/01/2015	Example: John Daily	015526412055	166555264	09/15/15	$500.00	$250.00	(Choose)		John Doe - 813-777-7777 John.Doe@HealthPlan.com
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