

Refund Check Information Sheet* (RCIS)

NOTE: Form must be completed in full, and used only when submitting 1 refund check per claim.

Not to be used for multiple claims.

*RCIS Form should be placed behind live refund check when submitting.

REFUND CHECK # _____

CHECK DATE _____

MEMBER NAME _____

PATIENT ACCT # _____

WELLCARE CLAIM # _____

DOS _____

TOTAL BILLED AMOUNT OF CLAIM _____

AMOUNT BEING REFUNDED FOR THIS CLAIM _____

REASON FOR REFUND

ADDITIONAL INFORMATION REQUIRED FOR POSTING

CONTACT NAME/PHONE/EMAIL _____

Recovery Dept. Mailing Address: P.O. Box 31658 Tampa, Florida 33631-3584