



Provider-Identified Overpayments

If a provider determines that Healthfirst has overpaid a claim, the provider shall, within 60 days of discovery, send to the address below a refund check made out to Healthfirst PHSP, Inc. in the amount of the overpayment.

Healthfirst PHSP, Inc.
LB#8115
P.O. Box 95000
Philadelphia, PA 19195-0001

Providers should also include with the refund check a cover letter that provides:

1. Reason(s) for the overpayment.
2. The specific Healthfirst claim numbers (including member name, Member ID, and dates of service) or invoices that were the source of the overpayment.
3. Contact information of a person who is able to speak to the overpayment, should Healthfirst have any questions regarding the repayment.
4. Any additional supporting documentation or additional information that might explain the overpayment.

Questions?

If you have any questions, please contact your Network Account Manager, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.