

Complete all areas of this form and attach the appropriate documentation.

Today's date: \_\_\_\_\_

Provider Name:	
Provider ID Number:	
Contact Name:	
Telephone Number:	
Contact address:	

Check off all that apply:

<input type="checkbox"/> I am returning a check to Tufts Health Plan Please indicate the Statement of Account (SOA) number and the claim number below: SOA number _____ Claim number _____
<input type="checkbox"/> I am writing a check to Tufts Health Plan Please indicate the Statement of Account (SOA) number and the claim number below: SOA number _____ Claim number _____
<input type="checkbox"/> I have enclosed a copy of the SOA

Please explain why you are returning funds to Tufts Health Plan in the space below, i.e., claim billed in error, incorrect provider paid, .

**Mail form and attachments to:**

Tufts Health Plan  
ATTN: Finance Dept, Senior Accounts Payable Analyst  
705 Mount Auburn Street  
Watertown, MA 02472-1508