



Please enclose this form with any volunteered refund checks you've sent to bright health plan. This information is needed so we can correctly apply the attached refunds.

Please send refunded checks to the location below:

Bright Health Plan
CO mailroom
8547 E. Arapahoe Rd, Suite J-461
Greenwood Village, CO 80112

Refund information

For each claim provide the following:

Patients Name:	
Date of Birth:	
Claim Number:	
Refund Amount:	
Date of Service:	

Reason for Refund:

- ☐ Duplicate
- ☐ Billing error
- ☐ Not out patient
- ☐ Billed in error
- ☐ Other

Please provide the following:

Provider Name:	
TIN:	
NPI:	

If you have any questions about this, please contact Provider Customer Service.

Alabama: (844) 201 - 0677
Arizona: (844) 201 - 4027
Colorado: (844) 201 - 4022
Tennessee: (844) 202 - 4125

New York: (844) 201 - 1912
New York (SNP): (844) 202 - 4028
Ohio: (844) 202 - 4358