Children's Community Health Plan™

A member of Children's Hospital and Health System.

Children's Community Health Plan
Problem Claim Request Form

It may take 30 days for this request to be processed and finalized. If the timeframe exceeds 30 days please contact Customer Service at 1-800-356-8010 for assistance.

Provider/vendor name _____ Vendor# _____
Provider address _____
_____
Fax number _____

Date sent _____
Who should CCHP contact with questions regarding the information provided on this form?
_____, at (____) _____, extension _____

This form must be filled out in its entirety for the reversal(s) to be completed.

Claim Number	Date of Service	Patient Name	Member Number	Amount to Reverse	Description of Problem

Reversals of overpayments will result in an automatic offset against future payments