



PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

Reminder: Accepted Addresses for Remitting Overpayments

Effective Date: Immediately

Health Plan(s) Affected: Priority Partners, Employer Health Programs (EHP), US Family Health Plan (USFHP) and Advantage MD

Type of Change: Process

Explanation of Change:

Please direct overpayments for claims paid by Johns Hopkins Health Plans to the following specific addresses:

Priority Partners, EHP, and USFHP providers must remit overpayments to the addresses below.

- **Post Office Remittance Address:**

Johns Hopkins Health Plans
P.O. Box 412856
Boston, MA 02241-2856

- **Overnight Mail Address:**

Bank of America Lockbox Services
Johns Hopkins Health Plans
412856
MA5-527-02-07
2 Morrissey Blvd.
Dorchester, MA 02125

Advantage MD providers ONLY must remit overpayments to this address.

- Hopkins Health Advantage Inc.
P.O. Box 419185
Boston, MA 02241-9185

NOTE: Include the claim number(s), applicable Dates of Service, and applicable EOB, if possible, with the check when submitting a refund.

Failure to send checks to the addresses identified in this notice may result in delays in application of the payment(s) against your account(s).