



## CREDIT BALANCE REFUND DATA SHEET

\_\_\_\_\_ Currently there are no credit balances for Plan members

\_\_\_\_\_ Please retract the accounts below

BMC HealthNet Plan (the Plan) Contact Person: Credit Balance Specialist

Phone# (617) 748-6229

Fax# (617) 897-0811

Provider Name: \_\_\_\_\_

Refund Check #: \_\_\_\_\_ Provider Payee #: \_\_\_\_\_

PATIENT'S NAME	Member ID#	PAT. ACCT#	AMT. PAID	AMT. BILLED	DOS	CHECK #	REFUND AMT.																
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Total Refund Amount	\$
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Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_