Accounts Receivable
PO Box 202948
Austin, TX 78720-2948

[Date]

Overpayment Remittance Form

Complete the information below, and send this form with the check or money order to:

Texas Medicaid & Healthcare Partnership
Accounts Receivable
PO Box 202948
Austin, TX 78720-2948

Provider Name	
National Provider Identifier (NPI)	
Tax Identifier Number (TIN)	
Total Amount Due	
Check Number	
Check Amount	
Contact Person	
Telephone Number	

[Additional Notes/Instructions]

If You're in Bankruptcy

If you're currently in bankruptcy, this letter is not a collection attempt. We reserve all rights related to filing a claim in any bankruptcy case, as well as all rights related to setoff and recoupment.