



Mailing Address for Refunding Care Provider Overpayments

Care providers who wish to refund an overpayment on any UnitedHealthcare Community Plan account for the KanCare program can submit a check to the following address:

United Healthcare
P.O. Box 5230
Kingston NY 12401

Please also include the following information with your check so the refund is accurately credited to our system in a timely manner:

- Patient name
- Patient Medicaid ID #
- Date of service
- Amount originally paid by UnitedHealthcare
- Amount overpaid
- Reason account is considered overpaid
- Claim number and type (if available)
- Unique ID number, also known as the reference number from recovery letter (if available)
- Copy of UnitedHealthcare remit (if available)
- Name and phone number of person submitting refund in case we have questions

Questions?

If you have questions, please call Provider Services at **877-542-9235**. Thank you.