

Requested Refund Letter



MotivHealth Insurance
PO Box 709718
Sandy, UT 84070-9718
Customer Service 844-234-4472

Date: _____

Address: _____

Refund Requested in Error

Name of Patient: _____

Patient Date of Birth: _____

Member ID: _____

Amount Billed: _____

Amount Paid: _____

Date of Service: _____

Claim Number: _____

Payment Amount: _____

Reason For Payment: _____

MotivHealth has requested a refund for the patient above in error. We sincerely apologize for the inconvenience. If you have further questions and to prevent any additional work on this error, please call Mystique at 385-799-8023.

Sincerely,

Reimbursement Servies
Office: 844-234-4472 | Fax: 844-533-1289

