

Correction to Claims Overpayment Address

This provider bulletin is an update about information in the CommunityConnect HealthPlanSM Provider Manual. For access to the latest Manual, go online to www.communityconnecthealthplan.com.

We are contacting you to notify you of an address correction that affects where you send your overpayment reimbursements. If you are notified by CommunityConnect of an overpayment or discover that you have been overpaid, please send a check in the amount of the overpayment to the address below. Please include a copy of the overpayment notification and any supporting documentation with your check, and mail within 30 days of your receipt of the notification letter to:

**Attention: Overpayment Recovery
CommunityConnect HealthPlan
P.O. Box 3157
Eau Claire, WI 54702-3157**

If you have any questions or require more information, please contact Provider Services at **1-877-350-6074**.