

## Refund to Health First Colorado or Returned Warrant

### Please Note:

- **Claims voided on this form will not appear on the remittance advice.**
- **Providers are strongly encouraged to submit voided claims electronically.**
- **A check must be attached to this form and must match the payment on the Internal Control Number (ICN) listed below.**
- **Denied claims can be resubmitted and do not require an adjustment.**

Provider Name												
Street Address (Address used to Return to Provider)												
City, State, Zip Code												
Telephone Number												
<b>You <u>must</u> include a refund check or the returned warrant with this form. No exceptions.</b>												
<b>REQUIRED INFORMATION:</b>												
**Internal Control Number (ICN) 13 digits. Do not use to adjust denied or voided claims.												
<b>*If ICN is not available the following must be submitted with form:</b>												
*Medicaid Member ID						*Billing Provider Health First Colorado ID Number						
*Date of Service						Remittance Advice Date if available						
Date						By (Provider Signature)						

**Please complete this form and mail it to:  
 DXC Technology  
 P.O. Box 30 Denver, CO 80201**

For questions regarding adjusting or voiding claims, please call the Provider Services Call Center at 1-844-235-2387.