



AmeriHealth Caritas[™]
District of Columbia

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| To: | AmeriHealth Caritas DC Dental Providers |
| Date: | March 23, 2022 |
| Subject: | Provider Refund Checks |

We ask that the following steps be taken in order to help streamline your refund check request to SKYGEN, AmeriHealth District of Columbia’s dental vendor, as well as ensure that other requests are addressed efficiently.

- Make refund checks payable to “AmeriHealth Caritas DC” or “AmeriHealth DC”
- Include a cover letter with the below information:
 - Enrollee ID
 - Encounter ID
 - Dental ADA codes to be refunded
- Mail to the corrected claims address:
AmeriHealth Caritas DC
PO BOX 541
Milwaukee, WI 53201

Refund check requests submitted as outlined above will assist in ensuring refund check requests are addressed timely and appropriately.

If you have questions about this communication, please contact Dental Provider Services at 1-855-609-5170.