PASSPORT
BY MOLINA HEALTHCARE

Provider early reversal permission form

Provider is requesting Passport by Molina Healthcare deduct the claim(s) paid in error from a future remittance

Provider Name

Provider Tax ID Number

Person Requesting Claim(s) Reversal

Signature / Date

Claim number	Overpayment amount	Overpayment reason

Comments

Please fax to: Passport Claims Recovery Department @ (866) 314-4613

Completed by (MHI staff)

Date Reversals Completed