'ohana health plan

# `Ohana Refund Referral Grid

*(Enter More Rows As Necessary)*



| Check Number | Check Date | Member Name | Patient Account Number | Claim # | DOS | Total Billed Amount Of Claim | Amount being refunded | Reason for refund | Additional Information Required for Posting | Contact Name/Phone/Email |
|---|---|---|---|---|---|---|---|---|---|---|
| 11555 | 10/01/2015 | Example: John Daily | 015526412055 | 166555264 | 09/15/15 | $500.00 | $250.00 | (Choose) | | John Doe - 813-777-7777<br>John.Doe@HealthPlan.com |
| | | | | | | | | (Choose) | | |
| | | | | | | | | (Choose) | | |
| | | | | | | | | (Choose) | |