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GHP Correspondence Cover Sheet

Beneficiary's Name _____
HIC#: _____
Date of Demand: _____
Insurer: _____
Employer: _____
Case ID #: _____ (*can be found on demand letter*)

This cover sheet is for your use when mailing or faxing in correspondence to the MSPRC. The information above will ensure accuracy when handling your case documentation.

Please indicate the type of correspondence you are submitting to the MSPRC to facilitate routing. Check all that apply:

- Check
- Defense**
- Authorization Documentation (for the agents of insurance companies and employers)
- Request for Reprint
- Request for Status of Case
- Other _____

Note: If correspondence is regarding more than one beneficiary, please include the HIC# and Case ID# for **ALL** beneficiaries associated. If the debt has already been referred to the Department of Treasury, all correspondence needs to be sent to the last entity that contacted you (i.e. collection agency, department of treasury, etc.).

**In order to accurately process your defense, please include your defense category. (This is the reason you believe the debt is not owed, Check all that apply.)

- Coverage (dates of service outside of coverage/employment dates)
- Timely Filing
- Claims previously processed (i.e. non covered service, previously paid primary, etc.)
- Long Term Disability
- Employer Size
- Beneficiary not Identified
- Other _____

Submit correspondence to the MSPRC address listed below:

MSPRC GHP (Group Health Plan)
Post Office Box 138856
Oklahoma City, OK 73113