

**PAMED/HAP/PPMA SETTLEMENT
ASSIGNMENT OF REFUND SPREADSHEET REQUEST FORM**

Complete and email to: ra-in-McareRefundCtr@pa.gov

Successful email transmissions will receive a confirmation.

PAYOR INFORMATION

*Name of Payor Requesting Spreadsheet

*Street Address

*City

*State

*Zip

Mcare Assigned # of Payor Requesting Spreadsheet

Available on our website under "Assigned Entity and Group Numbers"

(Ex: MC-123456-C)

<http://www.insurance.pa.gov/Pages/Mcare-Coverage.aspx#.VfLyjZiFP1I>

*Required

Payor Tax ID/EIN #

Spreadsheet Contact Person Information

The spreadsheet will be emailed to the contact person's email address.

*Name

*Title

*Email

*Phone #

Policy Information by Assessment Year

List all policy numbers for each applicable year in which you are requesting a spreadsheet.

2009 Insurance Company Name(s)

2009 Policy Number(s)

2010 Insurance Company Name(s)

2010 Policy Number(s)

2011 Insurance Company Name(s)

2011 Policy Numbers(s)

2012 Insurance Company Name(s)

2012 Policy Numbers(s)

2014 Insurance Company Name(s)

2014 Policy Number(s)



Attach Additional Sheets if Necessary.