3011 W. GRAND BLVD., SUITE 1600, DETROIT, MI 48202-3000 (313) 871-2000

# PCP Incentive Payment Refund to Health Plan Form

**Attestation Period:** _____

**Medical Practice Name:** _____

**Medical Practice TIN:** _____

**Individual Completing Form:** _____

**Phone:** _____

**Email:** _____

**Detail for Amounts Returned:**

| Name of Provider | NPI | $ Returned | Reason for Nonpayment to PCP |
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**Remit completed form with payment to Total Health Care, 3011 W. Grand Blvd, #1600, Detroit, MI, 48202**