



FAX/EMAIL

SUBJECT: PPE or COVID-19 Protective Measures Member Charge Report	TOTAL NO. OF PAGES:
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TO: EmblemHealth, Provider Network & Population Health ATTN: Compliance Team	FAX: 212-510-3120 EMAIL: PPE@emblemhealth.com
FROM:	NPI:
DATE: / /2020	FAX #:
	PHONE #:

Please complete the following information for all affected members and return form(s) to the above fax number or email address **by October 30, 2020**. If you did not charge our members for PPE or COVID-19-related measures, you are not required to return this form. Thank you.

Member name: _____

Member ID: _____

Amount member charged for PPE: _____

Amount returned to the member: _____

Refund date: _____

Description of how refund provided: Cash Check Credit Card Other _____

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Member name: _____

Member ID: _____

Amount member charged for PPE: _____

Amount returned to the member: _____

Refund date: _____

Description of how refund provided: Cash Check Credit Card Other _____