

CREDIT MEMO

[Insurance Company Name]

[Street Address]

[City, State, Zip]

[Phone Number]

Memo # : _____

Date : _____

Original Invoice # : _____

Policyholder / Group:

[Name/Entity Name]

[Address]

[Policy Number]

Member Details:

Name: _____

ID: _____

Group #: _____

Service Date	Description / Reason for Credit	Original Amount	Credit Amount

Subtotal Credit: \$ _____

Tax/Adjustments: \$ _____

TOTAL CREDIT: \$ _____

Reason for Credit:

Overpayment Premium Adjustment Enrollment Cancellation Claims Processing
Correction

This credit will be applied to your next billing cycle unless otherwise requested. For questions regarding this memo, please contact Member Services.

Authorized Signature: _____ Date: _____