



December 3, 2019

RE: Empower Voluntary Self-Disclosure of Overpayment

Providers,

To report an overpayment to Empower, please complete the [Empower Voluntary Self Disclosure of Overpayment](#) form and return to Empower in one of the following ways:

If you are attaching a check/payment, please mail the completed form, along with any payment to:

ATTN: Empower – Overpayment  
Simmons Bank  
P.O. Box 8005  
Little Rock, AR 72203

If you are requesting that funds be recouped or withheld from future payments, please submit this completed form to:

ATTN: Empower – Claims Overpayment  
Empower Healthcare Solutions, LLC  
P.O. Box 211446  
Eagan, MN 55121

Thank you.

If you have any questions, please contact Empower Provider Relations at [EmpowerHealthcareSolutionsPR@empowerhcs.com](mailto:EmpowerHealthcareSolutionsPR@empowerhcs.com).