

Overpayment Refund Notification Form

For Healthy Blue to process an overpayment refund in a timely manner, please complete and submit this form with all refund checks and supporting documentation. If the refund check you are submitting is a Healthy Blue check, please specify the reason for the check return.

Provider name/contact: _____

Contact number: _____

Provider ID: _____ Provider tax ID: _____

Subscriber ID: _____

Document control number (found on Cost Containment Unit letter): _____

Member name: _____

Member account number: _____

Date of service: _____

Total billed charges: \$ _____

Total check amount: \$ _____

Claim number(s):

Reason for refund or check return:

- Healthy Blue letter
- Contract rate change
- Duplicate payment
- Incorrect member
- Incorrect provider
- Negative balance
- Other health insurance/third-party liability
- Payment error
- Billed in error/adjusted charge
- Other: _____

All refund checks should be mailed with a copy of this form to:

Healthy Blue
P.O. Box 933657
Atlanta, GA 31193-3657

Once the Healthy Blue Cost Containment Unit has reviewed the overpayment, you will receive a letter explaining the details of the reconciliation. Thank you for completing this *Overpayment Refund Notification Form*.

<https://providers.healthybluelua.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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