



Provider Authorization to Adjust Claims and Create Claim Offsets

Please submit this completed authorization form with any supporting documentation to ensure proper processing of your request to adjust claims. The adjustments will result in overpayments being withheld from future claims payments.

Provider name:	
Provider NPI:	
Provider tax ID number:	
Provider contact information:	

Cost Containment project number (if applicable):	
Document ID number (if applicable):	
Total recoupment dollar amount:	

Please list claim information below if the Cost Containment letter or other supporting claim/member detail is not provided with this request.

Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			
Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			
Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			

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Recoupment reason:			

If your request for recoupment exceeds the space provided, please attach an Excel file that includes all of the data fields noted above. For questions related to the completion of this form, please call Provider Services at **1-844-521-6942**.

I authorize Healthy Blue to proceed with adjusting the claims as listed on this form or per separate document that supports this request.

Print name Signature

Return this form via:

Attn: Cost Containment — Disputes
 Healthy Blue
 P.O. Box 62427
 Virginia Beach, VA 23466-2437
 Fax: **1-866-920-1874**

Note: Do not use this form if you are submitting a refund check. To submit a refund, use the ***Refund Notification Form*** on our website at <https://providers.healthyblueva.com>. Mail a check along with the supporting documentation to:

Attn: Cost Containment — Payments
 Healthy Blue
 P.O. Box 933657
 Atlanta, GA 31193-3657