



## Overpayment Refund Notification Form

In order for an overpayment refund to be processed in a timely manner, please submit a completed form with all refund checks and supporting documentation. If the refund check you are submitting is an Anthem Blue Cross and Blue Shield (Anthem) check, please include a completed form specifying the reason for the check return.

<b>Provider name/contact:</b>
<b>Contact number:</b>
<b>Provider ID:</b>
<b>Provider tax ID:</b>
<b>Subscriber ID:</b>
<b>Document control number (displayed on Cost Containment Unit letter):</b>
<b>Member name:</b>
<b>State RID:</b>
<b>Date of service (to):</b>
<b>Total billed charges: \$</b>
<b>Total check amount: \$</b>

### Claim numbers


### Reason for refund or check return:

<input type="checkbox"/> Anthem letter	<input type="checkbox"/> Duplicate payment	<input type="checkbox"/> Contract rate change
<input type="checkbox"/> Negative balance	<input type="checkbox"/> Incorrect provider	<input type="checkbox"/> Billed in error/adjusted charge
<input type="checkbox"/> Payment error	<input type="checkbox"/> Incorrect member	<input type="checkbox"/> Other health insurance/third-party liability
<input type="checkbox"/> Other:		

### [www.anthem.com/inmedicaidoc](http://www.anthem.com/inmedicaidoc)

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

Anthem Blue Cross and Blue Shield  
P.O. Box 933657, Atlanta, GA 31192-3657

Once the 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*.

**Important note:** You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.