Anthem

# *Overpayment Refund Notification Form*

Anthem Blue Cross and Blue Shield | Serving Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging

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 check, please include a completed form specifying the reason for the check return.

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

Claim numbers

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|---|---|
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Reason for refund or check return:

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

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

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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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*.